TOURIST WOMEN BALANCING TEMPTATION AND HIV-RISK IN COSTA RICA

By

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For Erin

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Abstract of Dissertation Presented to the Graduate School
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By

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In recent years, HIV has emerged as a significant health threat to American adolescents and young women, yet studies regarding women's HIV-risk behaviors are lacking. Regardless of socio-economic class or ethnicity, many heterosexual American women share similar gender ideologies and cultural beliefs about affective heterosexual relationships. Yet the role of gendered power dynamics in women's HIV-risk denial remains poorly understood. Increasing numbers of non-minority women are sexually active at an early age, participate in unsafe sex, have multiple partners, remain untested, and acquire sexually transmitted infections. Yet many believe they are not at risk for HIV infection even while they do not consistently practice safer sex.

The purpose of this study was to examine the self-reported sexual risk behaviors of single tourist women visiting Jacó, Cost Rica. The subjects were 128 sexually active

women traveling without a male companion while at the research site. They completed a self-administered Risk Assessment Survey that collected demographic information, HIV transmission knowledge, sexual risk behaviors, vacation relationship intentions, male condom use intentions and practices, and attitudes towards condom use and sexual communication.

While a majority of women disagreed in theory that it is the male's responsibility to supply condoms for sex, in practice more than half of the participants reported that the availability of condoms remained male-controlled. While the majority of respondents reported little discomfort with condom negotiation and high levels of self-empowerment, many had also participated in past unsafe sex practices they felt had put them at risk of acquiring HIV. Interventions should encourage the delay of sexual debut among young women, use of condoms from the onset of sexual activity, sexual partner reduction strategies, and skill-building techniques for negotiating safer sex.

CHAPTER 1
INTRODUCTION

> Sexual acts do not, by and large, appear randomly across time and space: they are socially defined, constrained and controlled. (Hunt and Davies 1991:44)

Although the role of gendered power dynamics in AIDS-risk denial has been identified as key to prevention methods for women, it is poorly understood (Cohen and Lederman, 1998; Harlow, Rose, Morokoff, Quina, Mayer, Mitchell and Schnoll, 1998; Maxwell and Boyle, 1995; Schneider and Stoller, 1995). Compared to research on men and HIV-related issues, studies regarding women's HIV-risk behaviors are lacking. Within this area, research has concentrated on the AIDS-risk denial of heterosexual, minority women (Ragan, 1997; Sobo, 1995), yet women can share similar gender ideologies and cultural beliefs about their affective or personal sexual relationships regardless of socio-economic class or ethnicity (Asencio, 1999; Cerwonka, Isbell and Hansen, 2000; Sobo, 1995). The purpose of this research project is to contribute to HIV-risk reduction efforts that seek to understand the impact of gendered power dynamics on young women's safer sexual behaviors.

According to the Centers for Disease Control and Prevention (CDC), adolescent and young adult women made up nearly half (47%) of all HIV cases nationwide in 2000 (CDC, 2002a). While relatively little research has addressed women's HIV risk behaviors, even less examines young non-minority women. Yet these women are initiating sexual activity at earlier ages, participating in unsafe sex to maintain

relationships, going untested, and experiencing increased rates of sexually transmitted infections (CDC, 2001; CDC, 1998; InSite, 1997), behaviors also identified as high-risk among minority females. I suggest that young non-minority women feel a kind of social immunity, a belief that they are not at risk for HIV infection, which may be grounded more in their socio-economic class, or in the misplaced invincibility of youth, than in their actual safer sexual practices.

Problem Statement

This research works towards identifying and understanding the effects of the contextual setting in which social behaviors are embedded. Specifically, the present study addresses the gendered power dynamics associated with women's HIV risk behaviors and their sexual relationships abroad. In this study, *context* is defined as the characteristics and dynamics of socio-cultural systems that shape and define the broader social, cultural, political, economic, institutional, and ecological factors that influence individual and group behaviors.

I define *gendered power dynamics* as the socially constructed customs and beliefs regarding the proper roles of men and women in society, and the rewards and sanctions associated with upholding and violating appropriate gender norms. As women's roles in our society have changed and expanded, especially since the 1960s, so have the cultural definitions of appropriate female sexuality. The relations between men and women have influenced and are affected by shifts in gendered power dynamics, which in turn, have been influenced by the commodification of sexuality through mass media.

I use *ethnography* as it has been defined by Singer, Marshall and Clatts (1999) to "refer to firsthand, immersion-based research that is conducted in natural settings in

which the research directly observes, and at least to some degree, participates in the everyday lives of members of the group of concern" (p. 27). While the ethnographic research is growing regarding tourist women as sexual consumers or romance tourists, to date no on-site study has collected data on the HIV-risk perceptions and behaviors of sexually active tourist women. A limitation to this exploratory research is that the findings may not be generalized to all sexually active American women or another population of tourist women at another vacation venue.

The intent of this research is to examine the context of gendered power dynamics and how such dynamics shaped the HIV risk behaviors of a group of sexually active single female tourists (SFT) in Jacó, Costa Rica. As a medical anthropologist, I use ethnographic and quantitative methods to empirically research why some SFT have unsafe (i.e. condomless) sex with partners met on vacation, despite widespread knowledge of condoms' efficacy in preventing the transmission of HIV and other sexually transmitted infections (Bloor, 1995; CDC, 1999; Paiva, 1995).

Homogeneity and Difference

Sexual behavior is complex among human beings, and many factors play a role in influencing individuals' willingness to participate in some activities and their rejection of other activities. Ethnicity, family socialization, religious upbringing, regional behaviors, and peer norms are only some of the factors which have been shown to influence sexual expression at the individual level. Despite a media culture that abounds with sexual imagery, not all people in America choose to be sexually active. Young women who are not sexually active are not at risk of the sexual transmission of HIV. Such women, therefore, were not included in the present study since it is an exploration of sexual behaviors abroad that may increase young women's risk of contracting the virus that

causes HIV. During the recruitment of participants at the field site, the criterion that respondents were sexually active was the second most important factor (after establishing they were of legal age of consent) for inclusion in the study.

In many respects, it is arguable that the sample population in the present study was relatively homogenous demographically. A vast majority of the women who chose to participate in the study were in their late teens or early twenties, had received at least two years of college education, were from urban areas, and identified themselves as white or Caucasian. Yet many women who took the survey expressed varied differences in attitudes about the self, vacation goals and sexual risk-taking abroad.

While the sample was relatively homogenous in terms of ethnicity, education, and other demographic variables, I hope to illustrate the diversity of their experiences as captured in the varied responses from which I will quote in the following chapters. I also hope to illustrate the diversity of their travel expectations and experiences as captured in the various categories into which I group their vacation-related behaviors. Addressed briefly in this chapter, these tourist typologies will be discussed and elaborated on more fully in Chapter 3.

Development of Risk as a Theoretical Construct

Caplan (2000) claims that, "at the turn of the century and the millennium, risk is a topic which is impossible to ignore" (p. 1). Discussions of relative risk, calculated risk, risk perceptions, the culture of risk, vulnerability to risk, and risk reduction strategies abound in disciplines as diverse as biotechnology, communications, health care, economics, and anthropology. Within anthropology, the social dimensions of risk can be studied within numerous interconnected contexts, including political, economic,

gendered, health, and/or environmental impacts or outcomes. For example, the social dimensions of risk can be explored within the context of environmental vulnerability to natural disasters, as well as how affected populations adapt to and recover from particular hazards (Lopez, 2002; Oliver-Smith, 1999). Likewise, the social dimensions of risk can be explored within the context of indigenous communal response to post-colonial political subordination and economic marginalization (Dobyns, Doughty and Lasswell, 1971; Heemskerk, 2000).

Within the area of health, the social dimensions of risk can be explored within the context of children's long-term vulnerability to malnutrition as it varies by levels of ruralization or poverty (Barrios, Stansbury, Palencia and Medina, 2000; Stansbury, Leonard and DeWalt, 2000). In the present study, I seek to explore the social dimensions of risk within the context of gendered power dynamics as manifested in the sexual behaviors of female tourists in Central America.

Anthropologist Mary Douglas first published on risk analysis (with Aaron Wildavsky) in the book *Risk and Culture* in 1982. When Douglas suggested that the "perception of risk is a social process," (Douglas and Wildavsky, 1982, p. 6) she opened the door to social theorizing on the effects of modernization and globalization on human cultural systems. Her work on human adaptation and response to environmental and technological dangers helped frame our understanding of modern risks posed by unprecedented technological changes.

Sociologists Ulrich Beck and Anthony Giddens are also credited as being major contributors to the theoretical underpinnings of this field of study (Caplan, 2000). First published in German in 1986, then translated to English, Beck's book *Risk Society* (1992)

placed him alongside Douglas as a leader in the area of risk theory. The publication of *Modernity and Self-Identity* placed Anthony Giddens (1991) within the upper ranks of scholars who study risk as a social concept. A few years later Beck and Giddens became collaborators and contributed to the editorship of *Reflexive Modernization* (Beck, Giddens and Lash, 1994).

While recognizing that humans have always faced potential and actual hazards of many sorts, Douglas, Beck, and Giddens conceptualize modern risk within global context. For example, Beck (1992) defines risk as a "systematic way of dealing with hazards and insecurities induced and introduced by modernization" (p. 21). Risk can often appear to be associated with divisions embedded in poverty and class. For example, the case of a gas leak from a mismanaged pesticide factory owned by the multinational company, Union Carbide, is considered a classic example. The Bhopal disaster, as it has come to be known, left thousands dead in India in 1984 (Rajan, 1999). According to Beck (1992) risk is both created by and embedded within industrial globalization and, therefore, "risk society in this sense is a world risk society," (p. 23) without historical precedent in past human culture.

While poverty is highly correlated with risk, and many developed countries continually seek to transfer their industrial hazards to poorer nations (Caplan, 2000), globalization in the modern world has brought home the popular saying that "it's a small world after all." According to social scientists who study risk acceptability, the choices individuals make as they seek to balance risk and hazards in modern society cannot be far removed from an analysis of globalization (Beck, 1992; Douglas, 1992; Giddens, 1991),

even when approached at the micro-social level as case studies (Hunt, Ojanguren, Schwartz and Halperin, 1999; Singer, Valentin, Baer and Jia, 1998).

Gender, Power and Sexual Risk in Anthropological Context

An exploration of the gendered power dynamics of young women's risky sexual behaviors is called for because such dynamics have been identified as important to understanding young women's participation in unsafe sexual practices (Harlow, Rose, Morokoff, Quina, Mayer, Mitchell and Schnoll, 1998; Maxwell and Boyle, 1995; Schneider and Stoller, 1995). A study of gendered power dynamics and HIV risk must take into account multiple factors, for sexuality is a complex social behavior grounded in ideologies of gender-appropriate behaviors for men and women (Hubert, Bajos and Sandfort, 1998; Ostrow, Kessler, Stover and Pequegnat, 1993).

As an applied medical anthropologist concerned with understanding how the *romance* of risk (Ponton, 1997; Farmer and Kleinman, 1998; Sobo, 1995) impacts women's safer sex behaviors, gender analysis guides my approach to the problem of HIV prevention among young women (Ascencio, 1999; Bloor, 1995; Covello and Johnson, 1987; Sobo, 1995). Gaining a better contextual understanding of the effects of the socio-cultural factors that enhance young women's sexual risk-taking is one of many areas of research in which medical anthropology can continue to make significant contributions to HIV prevention research. Further, medical anthropology is well suited to an interdisciplinary collaboration efforts directed towards the study of HIV transmission.

According to Singer, Marshall and Clatts (1999) "as the number of anthropologists working in AIDS has grown, there has been a considerable diversification in the research problems they have tackled and in the number of ways they have contributed to AIDS

work" (p. 3). The strengths of anthropology, including holism, ethnographic immersion, bioculturalism, cultural relativism and the need for micro- and macro-level analyses, will be discussed below in relation to sexual risk and HIV prevention.

Medical Anthropology and Sexual Risk

Within HIV prevention research there is concern with individualized notions of acceptable risk, often identified or operationalized for research under such labels as HIV-risk denial, risky sexual practices, and risk reduction behaviors. Cognitive models of HIV prevention seek to identify the criteria people use to judge their risk of acquiring HIV. Researchers have identified that individuals tend to underestimate risks that 1) have a long-term horizon, 2) have a perceived low probability of occurrence, 3) are irreversible, 4) are rare and unfamiliar, or in contrast 5) are every-day, habitual hazards (Covello and Johnson, 1987; Douglas, 1985; Kelly, 1995; Timmrick, 1998; Wolf, 1990).

Brown (1998), Sargent and Johnson (1990) and Hahn (1999) argue that medical anthropology has important theoretical perspectives to offer researchers who study human health issues. Medical anthropologists in the area of HIV prevention research, such as Green (1999), Page and Trotter (1999), and Singer (1999a) have articulated and demonstrated that epidemiological and public health studies can be enhanced if principles of medical anthropology are applied to health knowledge. Further, the effectiveness of prevention programs and policy-making forums can be improved through the use of applied medical anthropology.

According to Singer (1999a) this is due to a disciplinary emphasis on holism, ethnographic methodology, bioculturalism, cultural relativism, and recognition that micro-level events are embedded within the larger macro-level determinants. Holism is

the belief that the "social whole is more than the sum of its parts" (Singer, Marshall and Clatts, 1999, p. 5). Simultaneously, anthropology has a methodological commitment "to the collection of fine-grained, highly contextualized data," known as the practice of ethnography (Singer 1999a, p. 26). Third, anthropology holds that the biological and social aspects of health are interconnected and cannot be separated (Farmer, 1999; McElroy and Townsend, 1989).

Perhaps one of the most widely dispersed ideas of anthropology is that of cultural relativism. This perspective asserts that human behaviors must be studied in the context in which they occur. Anthropology also assumes that in order to fully understand micro-level observations they must be situated within the larger context of macro-level determinants (Singer 1999a). Incorporating both a micro- and macro-analysis in the study of health-related behaviors is critical to understanding the multiple causes and determinants of complex human behaviors.

Because human sexual behaviors are complex, employing multiple theories and interdisciplinary methods is beneficial when attempting to understand HIV-risk behaviors. Many of the most widely used theoretical concepts of HIV-related sexual risk behaviors are grounded in social psychology, including the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB). While not necessarily mutually exclusive, these theories often appear separately in social science research (Abraham and Sheeran, 1994; Brown, DiClemente and Park, 1991; Ragan, 1997). These models are important but limited in understanding the complexities of individual sexual behaviors that can increase HIV transmission. Below I briefly discuss each of these theoretical frameworks as they have been applied to HIV research. Afterwards, I explore how applying integrative

qualitative and quantitative medical anthropology can improve our understanding of the HIV/AIDS pandemic (Brown, 1998; Farmer, 1999; Hahn, 1995; Hahn, 1999).

Utility of the Health Belief Model

Medical anthropology can help identify and integrate social and cultural factors into our understanding of sexual behaviors that put actors at risk of acquiring HIV. For example, the Health Belief Model (HBM), which is perhaps the most widely utilized model across many health-related areas of study, is based on four premises. The first premise is that of individually perceived susceptibility to a particular health risk. The second premise of the HBM is of individually perceived severity or seriousness of contracting an illness. The third premise rests on individualized perception that benefits outweigh the cost or inconvenience of a behavior change. The fourth and final premise of the HBM rests on the individualized perception that a recommended health behavior is feasible and efficacious (Janz and Becker, 1984; Timmreck, 1998).

The HIV-risk denial of some women travelers may not make sense in context of the HBM alone. For instance, Sobo (1995) describes much of women's HIV-risk denial as "wishful thinking [stemming from] desires to preserve status and self-esteem" (p. 140). Other studies support Sobo's finding (Ahlmeyer and Ludwig, 1997; Kelly, 1999; Ragan, 1997). Even if they intend to have sex, many women do not carry condoms with them for fear of being labeled promiscuous (Asencio, 1999; Bajos, 2000; Lear, 1995; Maxwell and Boyle, 1995). In addition, many in the general population do not see themselves at risk of HIV, for they have no personal experience with the disease. That many HIV positive people often can remain asymptomatic up to a decade after HIV infection further distances the disease from many individuals' everyday lives.

Clark, Miller, Harrison, Kay and Moore (1996) found that individuals try to predict the HIV status of a potential sexual partner using "implicit personalities theories" about characteristics they believe are shared by HIV positive people (p. 81). Some of these characteristics include poor personal hygiene, sexual promiscuity, and questionable previous partner selection. Many of these subjective theories are grounded in socio-cultural ideas of purity and pollution identified by anthropologist Douglas. According to Douglas (1966), the "contradiction between external behavior and secret emotions is a frequent source of anxiety" among social actors, and one that they will seek to attenuate through some form of risk-reduction activity (p. 162). Applying Douglas' ideas to a medical anthropologist's perspective on HIV-risk behaviors illustrates how actors use subjective diagnostic tools to identify potentially risky partners.

For example, Ragsdale and Anders (1999) found that one way that some sex workers in Belize felt they reduced their risk of HIV transmission was to refuse sex with clients who were "dirty and smelly" (p. 230). Preferred clients appeared outwardly healthy and maintained normative personal hygiene. Many respondents in the Belize study voiced a strong preference for Belizean Creole clients, especially sugar cane truckers. Mennonite men and cane farmers were considered "dirty" and were given very low priority as preferred clients (Ragsdale and Anders, 1999). Such client selection practices have also been found among other groups of sex workers, and may actually place them more at risk due to truckers' migration patterns (Ford, Wirawan and Fajans, 1995).

The idea of cleanliness as a way of evaluating HIV-negative status was also expressed by the tourist women interviewed in the present study in relation to sexual partners met abroad and at home. This notion of partner cleanliness was conflated with

lacking a reputation as a "heartbreaker" or "player"—that is, not being sexually promiscuous. Research among college students has illustrated that for this population, being "selective" is also a common risk-reduction strategy and is one the group considers a safer sex practice (Hawkins and Hawkins, 1995).

In a study by Cohen and Lederman (1998) of the sexual practices of a large cohort of college students, a male respondent "suggested a difference existed between those women who were 'clean' and someone's 'girlfriend' and those women who were 'dirty' and hooked up with men to whom they were uncommitted" (p. 113). Havanon, Bennett, and Knodel (1993) also found that participants often "screen partners for risk rather than practice safe sex," (p. 1) and that few respondents tended to use condoms on a regular basis. Additional studies have supported Havanon and colleagues findings, including Clark, Miller, Harrison, Kay and Moore (1996), and Kusseling, Shapiro, Greenberg and Wenger (1996).

Another way medical anthropologists can apply Douglas' ideas regarding the social construction of risk to HIV-related research relates to HIV testing barriers. In the United States socio-cultural barriers continue to inhibit many people who have participated in risky sexual behaviors from getting tested. In fact, it is estimated that in the United States fewer than forty percent of people with HIV risk factors seek testing (Phillips, Coates and Catania, 1997). In addition, those who seek testing do not always return for their results. According to Keenan and Keenan (2001), forty-eight percent of those who took an HIV test in 1998 at publicly funded sites did not return for their test results and counseling. Given these statistics, it is likely that some HIV positive persons are unaware of their

status, and therefore do not make changes in their sexual behaviors to reduce risk to their partners. Faulty HIV risk assessment may lead individuals to engage in unprotected sex.

Contrary to the HBM, many women do not perceive themselves at high susceptibility to HIV infection, though they do perceive the seriousness of contracting HIV. While women perceive that safer sex is efficacious in preventing the transmission of HIV, many find this health behavior is not always feasible. In other words, many women do not perceive that the correct and consistent use of condoms—that is, every time with every partner—outweighs the emotional cost of always having safer sex, or of foregoing sex if a condom is unavailable. Medical anthropology's theoretical construct of emic comprehension and a regard for understanding the micro- and macro-level contexts in which individual social behaviors are embedded, when integrated with the HBM, can improve the understanding of women's HIV-risk denial.

Theory of Reasoned Action and Theory of Planned Behavior

The Theory of Reasoned Action (TRA) is grounded on the premise that "attitudes could explain human actions" (Ajzen and Fishbein, 1980, p. 13). The role of attitude in impacting behavior had been a topic of interest for psychologists since the 19th century, and led to the development of the TRA in 1967. Ajzen and Fishbein revised TRA in the 1970s, and it became a popular model for the study of health behaviors and interventions in the 1980s. In 1988, Ajzen and Fishbein expanded their model and created the Theory of Planned Behavior (TPB) to encompass power dynamics. The TPB model seeks to explain many different human behaviors, to predict the motivational forces for behaviors that are outside an individual's control, and to identify strategies for behavioral changes.

According to TPB, the most important predictor of behavior is behavioral intent grounded in rational choice. Such behavioral intent has three predictors: 1) attitude towards the behavior; 2) subjective norm, or the social pressure an individual feels to perform the behavior; and 3) perceived behavioral control, or an individual's belief in the ease or difficulty of performing the behavior. The TPB is a good predictor of health behaviors that are grounded in rational choice, such as smoking-cessation. Yet it has been found to have less utility when applied to safer sex practices.

This is because humans often throw rational thinking by the wayside when it comes to affective relationships. Much like the HBM, the TPB does not fully explain actors' HIV-risk behaviors. Just as the old adage claims that "the road to hell is paved with good intentions," so too it seems, is the road to safer sex. Medical anthropology recognizes that actors are not always rational decision-makers when caught up in sexual passion.

In addition, the best intention is not always followed by an appropriate health-enhancing behavior. A woman's attitude towards safer sex may be favorable in general. Yet the level of acceptance may fluctuate depending on successive partners, for interpersonal relationship dynamics can affect safer sex behaviors. She may consider the use of condoms to protect her sexual health as an important part of her HIV-prevention strategies. Yet she may also find that it is competing with other social messages that tell both women and men that "good girls don't"—that is, good girls do not engage in casual sex, they do not initiate condom use, and they do not have condoms available as a matter of course (Asencio, 1999; Seal, 2002), and women who carry condoms may be suspect.

Such sexual script themes, while varying within subpopulations as well as cross-culturally, can directly affect woman's abilities to perform safer sex behaviors and are

heavily influenced by gendered power dynamics that remain poorly understood. Integrating anthropological premises of cultural relativism and holism into the study of safer sex behaviors will expand our understanding of HIV transmission (Hahn, 1999; Page and Trotter, 1999; Singer, 1999a). The use of medical anthropology principles within transdisciplinary research offers a significant opportunity to fulfill the National Institutes of Health's call for social science research that more fully explores the socio-cultural dimensions of risk-taking behaviors on health (NIH, 2000).

The Study of Female Tourists as Sexual Consumers

There is a deficit in research regarding HIV risk behavior among female leisure travelers. Current research that addresses the relatively new phenomenon of tourist women as sexual consumers (Dahles and Bras, 1999; Meisch, 1995; Phillips, 1999) does not address issues of HIV risk. Why look at sexual risk-taking among female tourists? Multiple factors make this population a good choice for study. As increasing numbers of North Americans become international travelers, the number of single women tourists has also risen (Asberry, 2002; Yiannakis and Gibson, 1992; U. S. Census Bureau, 2001).

This creates whole new series of connections in the social networks that link HIV-positive and -negative individuals. Additionally, women are becoming sexually active at ever-younger ages (CDC, 1999; National Health and Social Life Survey, 1992). This means that young women have a longer window of experimentation with different sexual partners before entering into traditional marriage or another form of presumed long-term monogamous relationship.

Leisure travel often presents opportunities for sexual experimentation and recreational sex among both men and women. Vacation travel, however, can have a

downside. Numerous studies have found that the opportunistic or recreational sex associated with many tourist experiences, is also associated with sexually transmitted infections (STI) acquired while abroad (Hawkes and Hart, 1998; Mabey, 1995; Mulhall, 1996). Additionally, the tourist population is unique because it is transient, sexually active (often with multiple partners), and found to be mixing sexually charged situations with alcohol consumption (Moore, 1995; Ragsdale and Anders, 1999). Alcohol consumption, which is often an integral part of the tourist experience, has been linked to high-risk sexual behaviors in both men and women. It can act as a barrier to safer sex at the same time that it lowers an individual's inhibitions and gives them an excuse or the permission to be sexual (Cohen and Lederman, 1998; Lear, 1997; Ponton, 1997).

Tourists are often more open to adventure and risk-taking in many forms, and are usually interested in experiencing social interactions with others in their immediate environment. Such interactions are seen as enhancing the tourist experience. They can be cathartic by allowing the respondent to share and process some of the myriad stimuli they are experiencing on vacation (Nash, 1989; Nuñez, 1989). In the case of sexual topics, this phenomenon can enhance the researcher's ability to engage participants in a study whom might not otherwise be accessible or amenable to discussing sexually sensitive issues.

I became interested in the topic of sexual risk while conducting qualitative research in Belize on the lives of impoverished female sex workers engaged in what is known as situational prostitution or survival sex (Kempadoo and Doezema, 1998). The participants were poor, unskilled and under-educated migrants to Belize in search of economic opportunity unavailable in their birth countries of Guatemala, Honduras, and El Salvador. Most had arrived in Belize hoping to find work as household domestics or restaurant

servers, but turned to sex work when they could not earn an adequate wage in another labor sector. At the time of the interviews, all participants were living and working in the sugar-producing town of Orange Walk. Their clients were primarily the truckers who hauled the harvested sugar cane from the fields to the local processing plant.

Almost all the participants were single heads of households and supported at least one child from remittances they earned in Belize. Many also supported an extended kin network, usually consisting of their mother and any younger siblings. While the purpose of this ethnographic research was to investigate the links between sex work and tourism in Caribbean, the focus of my research in Belize became centered on exploring the social and economic conditions of the participants' everyday lives. As research continued, I became acutely aware that though many of my informants voiced concerns regarding contracting HIV/AIDS, they were engaging in unprotected sex for a variety of reasons.

Some informants stated that clients sometimes refused to wear a condom and the woman felt powerless to insist on safer sex. Others found that if they initiated or insisted on safer sex a client would comply, but stated that often their own embarrassment about touching the client's genital area inhibited a more active role in making sure correct condom use was carried out. Some participants stated that a client's personal hygiene was a good indicator of his generally health, including his HIV status.

Still others took the issue of hygiene literally into their own hands. Prior to sexual contact, such informants said that they swabbed the client's genital area with a solution of rubbing alcohol. They believed that this cleansing process killed HIV and therefore, prevented transmission of the virus during condomless vaginal sex. And finally, the women interviewed in Orange Walk Town who stated that they were consistent condom

users during commercial sexual exchanges often reported that they did not use condoms within their romantic sexual relationships. For some, the use of a condom actually distinguished commercial sex from romantic sex. Within intimate sexual exchanges between themselves and their lovers, a condom signified a lack of trust.

Schifter and Aggleton (1999) found a similar ideology among male sex workers in Costa Rica. According to these authors, "some men are willing to protect themselves with clients, but not with male or female partners . . . love is then expressed through trust, fidelity and lack of protection" (Schifter and Aggleton, 1999, p. 156). Among the female sex workers interviewed in Belize having unprotected sex was also a symbolic display of trust. Participants in Belize explained that by not using a condom with a lover they signified that they were not *putas* or *muheres malas*, and in addition, that they trusted their partners to be risk-free (Ragsdale and Anders, 1999).

After leaving Orange Walk Town, my research partner and I traveled to Ambergris Caye, Belize, to collect data at this tourist resort site and further explore the development of sex tourism in the town of San Pedro. While we found little in the way of organized sex tourism on the island, we discovered that romance tourism between local men and female travelers was significant. Observations among and discussions with tourists and locals revealed that romantic interactions between women travelers and local men that ultimately cumulated in sexual activity were not uncommon. On one occasion, a lonely male tourist was prompted to complain of the fact that tourist women were more interested in local men than in male tourists like himself (Ragsdale, 1999).

While several studies have described "how transmission of disease is socially organized around geographic travel and migration patterns," (Lee, Bell and Hinojosa,

2002, p. 443) it was striking to see both the similarities and differences between the sexual risk-taking of migrant sex workers in Orange Walk Town and tourist women in San Pedro. What became equally of interest were similarities and differences between the reasoning behind each subpopulation's risky sexual behaviors. While a formal discussion was beyond the parameters of the original study, during conversations with tourist women I found that many shared similar gendered power ideologies regarding the use of condoms with a sexual partner.

Like the women interviewed in Orange Walk, some tourist women with whom I talked on Ambergris Caye felt powerless to insist on safer sex, or felt their own embarrassment inhibited condom use with a new sex partner. Others stated that a new sex partner's personal hygiene was a good indicator of his generally health, including his HIV status. Some tourist women who claimed to be consistent condom users with casual sex partners also reported lapse. Many stated that unsafe sexual interactions on vacation had occurred when they became caught up in the heat of the moment, or when under the influence of alcohol. A study set within a population of transient female travelers presents an excellent opportunity for conducting sexual risk research. It allows exploration of safer sex issues among a group of sexually active women in an environment that helps encourage frank and open responses to the survey's sensitive questions.

Significance and Limitations of the Study

The body of research that specifically addresses the issue of sexually active young women's risk of HIV transmission has been steadily growing, yet there are many questions that remain unanswered (Bloor, 1995; Bolton, 1995; Potter and Anderson, 1993). This study addresses one important question: Why do some, but not all, young

women continue to participate in sexual practices that confer risk, despite knowledge of condoms' efficacy in preventing the transmission of HIV?

I hold that, despite many gains in gender equality within American mainstream culture, gendered power dynamics continue to have a significant effect on young women's sexual script themes and their risky sexual behaviors. Many gender norms or ideologies are implicitly understood within cultures and are reinforced through ritual practices as well as everyday events (Bonvillain, 2001; Brettell and Sargent, 2001; Geertz, 1973). Despite such reinforcements, cultures are not static and "each actor is in a dynamic relationship with his or her culture [and] as a result all cultures undergo change" (Stone and McKee, 2002, p. 3). That is to say, all societies are dynamic and adaptive.

Within the multicultural United States gendered power ideologies are explicitly reproduced and constantly under challenge, especially within contemporary mass media (Hooks, 1992; Kellner, 1995; Nayak, 1997). The present study explores the gendered power dynamics of single women experiencing tourist travel abroad. Due to an emerging sense of personal empowerment, increasing numbers of women are challenging traditional gender ideologies by traveling without a male chaperone. Yet does this same sense of empowerment translate into negotiating safer sex behaviors during such travels?

Research for the present study was conducted among 128 sexually active young women vacationing in the country of Costa Rica, Central America. Approximately seventy-one percent (n=91) of respondents were from the United States and the remaining twenty-nine percent (n=37) were primarily Canadian or European nationals. The researcher received Institutional Review Board of the University of Florida approval

for this project. Participants were selected through purposive sampling at the field site of Jacó, a popular beach destination in Costa Rica.

Participation was voluntary and respondents were not compensated for their time. As study volunteers, these participants may differ from other heterosexual women potentially at risk of HIV infection. These finding may not necessarily be generalizable to another group of sexually active tourist women, nor to a larger population of non-tourist women. Therefore, caution should be used when extending findings from the present study to another population.

This study, which relies on self-reported data, may also be limited in that participants may have biased their individual responses towards those deemed more socially acceptable. This project fall under the category of studies that deal with issues of a sensitive nature, for it addressed:

1) young women's sexual practices,
2) their knowledge, beliefs and attitudes regarding HIV transmission, and
3) their perceptions of personal risk and vulnerability to contracting HIV.

Given the highly sensitive nature of this research, it is likely that some women may have supplied responses they felt presented them in the most favorable light. To minimize this, assurances of confidentiality were provided both orally and in the written informed consent. In addition, no attempt was made to interview the male sexual partners of individual participants in order to help assess the veracity of women's responses. Also, in an attempt to minimize invasive questioning, substance use beyond that of alcohol consumption was not evaluated in this group of study participants.

Assumptions of the Study

1. That the young women participating in this study, while not statistically representative of sexually active American young women, are reflective of the subpopulation of female leisure travelers whose knowledge of HIV transmission routes is high, whose perceptions of their own susceptibility to HIV infection is low, and who sometimes participate in risky sexual behaviors that may include unprotected sex with multiple partners.

2. That interviewer-effect was minimal and participants answered questions truthfully without regard to socially acceptable responses.

3. That despite risk denial, this group of women is at risk of HIV transmission due to elevated levels of untreated STIs among heterosexuals, sex with multiple partners and inconsistent condom use. These assumptions are supported by the literature review and by the epidemiology of STI/HIV in sexually active young women.

Anthropology and the Study of Tourism

The anthropological study of tourism is a relatively new topic, first given academic credibility with Smith's publication of *Hosts and Guests* (1989). Nash published *Anthropology of Tourism* (1995) as one volume in series on tourism and the social sciences. These two works have become cornerstone of the subject within anthropology. More recently, scholars have begun to conduct research on male sex tourists, female sex workers, and the sexual exploitation of children in relation to international tourism (Enloe, 1989; Kempadoo, 1999; O'Connell and Taylor, 1995). Soon articles on female tourists and their sexual liaisons with local men began appearing more frequently in such journals as *Annals of Tourism Research*, edited volumes (Lanfant, Allcock and Bruner,

1995). This issue became popularized in the semi-autobiographical novel, *How Stella Got Her Groove Back* (McMillan, 1996), articles in women's magazines such as *Cosmopolitan, Glamour,* and *Essence,* and has made headlines in the *New York Times* (Pohl, 2002).

As the anthropological study of tourism has matured, new typologies have been added to the way researchers conceptualize and frame tourist behaviors. This has resulted in the development of various typologies that attempt to subdivide tourists into discrete categories that address the politics of travel as well as destination characteristics (Yiannakis and Gibson, 1992). Some of the most common categories are nature-based or ecotourism (Deng, King and Bauer, 2002), adventure tourism (Bently and Page, 2001; Butler, 1995; Torun, 2001), cultural heritage tourism (Burns, 1990; Kennett, 2002; Picard, 1995), excursion or leisure tourism (Gartner and Lime, 2000), religious or mystical tourism (Bruner, 1995; Messenger, 1999), shopping or souvenir-seeking tourism (Dallen and Wall, 1997; De Vidas, 1995), romance and/or sex tourism (Meisch, 1995; Leheney, 1995), and work-based tourism (Uriely and Reichel, 2000).

In the present study, I found that the classic distinctions among tourists and travel types offered by Smith (1989) and Graburn (1989) are clear templates for conceptualizing the observed differences in the types of tourists who traveled to the research site of Jacó. Smith (1989) developed a typology of touristic experiences that accounts for differences in number of tourists, their individual vacation goals, and willingness to adapt to local conditions. Her typology includes seven categories of tourist: Explorer, Elite, Off-beat, Unusual, Incipient Mass, Mass, and Charter tourist (Smith, 1989, p. 12).

At one end of the spectrum is the Explorer, and at the other end is the Charter tourist. Explorers are very limited in number and are fully adaptable to rustic, local conditions. Elite tourists are few in number and easily adapt to local conditions. Off-beat tourists are slightly more numerous, adapt well, and seek to "get away from the tourist crowds, or heighten the excitement of their vacation by doing something beyond the norm" (Smith, 1989, p. 12).

Unusual tourists are even more common, and are identified by their desire to experience "authenticity" and contact with the "primitive" while remaining in a relatively safe environment. Incipient Mass tourists are those who opt for the guided tour, and can be found among the steady influx of individuals or small groups visiting popular, but not always easily accessible vacation destinations such as Machu Pichu in Peru or Ankor Wat in Cambodia. Mass tourism brings a continuous flow of visitors, and is exemplified by college spring breakers heading to Cancun, Mexico, or by summer vacationers in Europe. They expect a modicum of western amenities and a multi-lingual hotel staff.

Charter tourists are characterized by arriving *en masse* to the vacation site, often via a chartered bus or cruise ship. They not only expect but demand western amenities and a pleasant and friendly multi-lingual staff eager to service their many needs. According to Smith (1989), the destination may be of little importance to the charter tourist. High-volume cruise ship operations cater to such clientele, as do the enclave or all-inclusive resorts epitomized by the *Sandals* resorts in Jamaica. Such enclave tourist packages are specifically designed to keep the "natives" from the tourist experience, except those needed as service staff to cook and serve their meals, make their beds, maintain the grounds, play in the clubhouse band each night, and perhaps, service their sexual needs.

During my fieldwork in the beach resort town of Jacó, I encountered Off-Beat, Unusual, and Mass tourists, both male and female. While Costa Rica has built a reputation for eco-tourism based on the country's abundant rain forests, it also caters to a large number of surfers, especially at the sites of Jacó, Tamarindo, and Puerto Limón. Through academic and travel literature and numerous first-hand accounts, I had been informed that many numbers of single tourist women vacation in Costa Rica. After researching the available tourist destination, I chose Jacó as a good location for field research because, according to one website, if one is looking for "package holiday tourists and those keen to party hard" he or she will find them in Jacó (www.discovery.com, 2001).

Romance Tourism and Women Travelers

Tourism is alluring to many female travelers for it offers women a chance to dismiss or ignore many of the social constraints, expectations, and responsibilities that bound and govern their everyday lives (including their sexual interactions) perhaps for the first time in their lives (Dahles and Bras, 1999; Kruhse-Mount Burton, 1995; Nunez, 1989). As Kruhse-Mount Burton (1995) has put it, "sex, in league with tourism . . . removes participants from normal role obligations and frees them from the mores which restrain their behaviors at home, while it simultaneously places them in an environment in which they are able to indulge anonymously" (p. 195). The promise of recreational sex while on vacation, whether a promise actually fulfilled or not, has long been recognized as a primary advertising ploy to generate interest in tropical vacations (Hooks, 1992; Kutzinski, 1993). While middle-class white men are the traditional target of such contemporary messages, women's increased economic power has also increased an

interest in attracting their dollars to the Caribbean (Kempadoo, 1999; Phillips, 1999; Pruitt and LaFont, 1995).

The first women to become international solo travelers were wealthy Western women in the Victorian era, with reports suggesting that some may have been sexual consumers (Olds, 1985; Robinson, 1990; Tinling, 1989). After World War II, middle class women began to explore the option of solo travel as tourism became more accessible and affordable (Desmond, 1999). As tourists, women are exploring their expanded economic, social, and political "independence" through the adoption of traditionally male-gendered behaviors such as solo travel, opportunistic or recreational sex, and experimentation with multiple sex partners (Amber, 1997; Cosmopolitan, 1997). While researchers have begun to focus on women tourists as sexual consumers (Campbell, Perkins and Mohammed, 1999; Dahles and Bras, 1999; De Albuquerque, 2000; Phillips, 1999) we have a paucity of research regarding sexually active tourist women's "vacation behaviors" that may expose them to HIV.

As mentioned earlier, sexual encounters while traveling abroad allow pleasure-seeking without many of the social consequences and expectations of non-holiday liaisons (Dahles and Bras, 1999; Fusco, 1996; Kruhse-Mount Burton, 1995; O'Connell and Taylor, 1999). While some of the aspects of recreational sex with a non-regular partner that make it appealing to particular men also make such sexual encounters appealing to some female travelers, we need more research on such behaviors. There is little information on how women who engage in casual sex while abroad safeguard their reproductive health and reduce their risk of STI/HIV infection.

In the Caribbean, race, ethnicity and the sexualized exoticism of the female Other (Enloe, 1989; Hooks, 1992; Kutzinski, 1993; Pieterese, 1992) are often used to promote tourism and especially romance and/or sex tourism among white men (Fusco, 1996; Kane, 1998; Kempadoo and Doezema, 1998). Yet increasingly, men of color are exoticized as "beach boys" eager and willing to service tourist women "in search of the big bamboo" (De Alberquerque, 2000, p. 1). Even as the phenomenon of female sex tourists is becoming better researched (Campbell, Perkins and Mohammed, 1999; O'Connell and Taylor, 1999; Pohl, 2002), other scholars have noted a more complex sexual exchange between local men and female tourists they chose to classify as *romance tourism* rather than sex tourism (Dahles and Bras, 1999; Meisch, 1995; Phillips, 1999; Pruitt and LaFont, 1995). Romance tourism is differentiated from sex tourism because it typically is not a direct commercial exchange between the tourist and the sex worker, such as is associated with the organized sex tours of South East Asia that cater to middle-class European, North American, and Japanese men (Truong, 1990).

For purposes of this research, I define sex tourism as a *direct exchange* of money or goods for sexual services and companionship between a female tourist and a male sexual partner. I define the relationship as *romance tourism* when there is not a clear and direct commercial exchange of money or goods for sexual services and companionship between a tourist and her male sexual partner. My research focuses on single women engaged in romance tourism while vacationing in Costa Rica. Romance tourism offers women travelers a chance to participate in casual sexual liaisons abroad. Yet unprotected sex may have unconsidered and drastic health consequences that include unwanted pregnancy, or

the acquisition of an STI, including HIV infection (Amber, 1997; Arvidson, Hellberg and Mardh, 1996; Carter, Horn, Hart, Dunbar, Scoular and MacIntyre, 1997).

Sexual Risk as a Vacation Behavior

During field observations and conversations with female tourists in Belize in 1998, I identified that some women travelers experience an increased sense of sexual agency while abroad. While this was not the main focus of my study in Belize, it planted a seed of inquiry that would bear fruit in the future. I wanted to investigate this phenomenon of sexual agency among tourist women in further detail. My conversations with such women on the island of Ambergris Caye had led me to wonder about women's issues of empowerment and how that affected their safer sex negotiations. In Belize, I found that for some young women, such increased agency was accompanied by increased sexual activity in an environment that promoted pleasure seeking and adventure as part of the tourist experience (Ragsdale, 1998).

My field experience left me with a new research question: Although sex-seeking female tourists may think they are in charge of sexual negotiation, does a heightened sense of empowerment actually translate into their ability to negotiate safer sex behaviors? It is accepted knowledge that women's beliefs about sexuality and gender ideology impact their sexual behaviors. Less clearly understood is how personal empowerment affects women's sexual negotiation process. Even fewer studies have been conducted among women seeking sex with partners met abroad except in context of romance tourism. When I decided to conduct research on this issue in Costa Rica, I had not been able to identify a previous study that specifically addressed HIV-risk issue among women travelers.

Globalization has increased sexual risks as international migration, including business and vacation travel, brings more people into sexual contact (Amber, 1997; Campbell, Perkins and Mohammed, 1999; Kruhse-Mount Burton, 1995). Survey research on the travel history and sexual behaviors of international travelers indicates that leisure travelers often engage in casual sex with non-regular partners (Arvidson, Hellberg and Mardh, 1996; De Graaf, 1997), report inconsistent condom use, and are at increased risk of acquiring an STI while abroad (Daniels, Kell, Nelson and Barton, 1992; Hawkes and Hart, 1995; Mulhall, 1999). Since each of these factors is also associated with HIV transmission, it is important to understand how they interact and impact sexual risk-taking among women tourists.

Anthropologists are taught to listen, record, and place in context the information given to us by research participants within a conceptual framework. In health research, anthropological approaches reveal the socio-cultural components of health-related behaviors and encourage public health experts to explore the broader linkages between disease and cultural systems (Parker, 2001; Schoepf, 2001; Schoepf, 1995). For example, sexual risk approached from an anthropological perspective recognizes that sexual acts are grounded in the social, cultural, economic, and political contexts within which each individual is embedded.

According to Schoepf (1995), sexuality and HIV transmission cannot be unlinked from gender and power constructs, despite being obscured by "an approach to epidemiology and public health that focused on individual behaviors divorced from social contexts, and stripped them of their origins in power, gender and class relations" (p. 35). Other research has produced similar findings important to theoretical development in the

area of sexual risk (Feldman, 1990; McCombie, 1990). Yet many of the most important notions associated with romantic attraction (such as emotional attachment, passion, desire, intimacy, and trust), and their effects on behaviors that reduce sexual risk, have been removed from much of the research on sexual practices (Bolton, 1995; Clark, Miller, Harrison, Kay and Moore, 1996; Stryker, 1997).

This has limited the development of HIV prevention programs that individuals will put into everyday practice. In order to prevent the spread of HIV, risk reduction recommendations must not only be efficacious, they must also be practices that are culturally relevant and that individuals are willing to incorporate into their sexual repertoires (Kelly, 1995; Parker, 1995; Sobo, 1995). By increasing our understanding of the socio-cultural nature of sexual behaviors that put individuals at risk, we can better prevent the transmission of HIV in women (Farmer, 1990; Feldman, 1990; Mascie-Taylor, 1993; Vernazza, Eron, Fiscus and Cohen, 1999).

There have been numerous studies on the socio-sexual networks that link HIV-positive to those that are HIV-negative, such as among military personnel (Enloe, 1989; Kane, 1993), commercial truckers (Havanon, Bennett, and Knodel, 1993; Stratford, Ellerbrock, Akins and Hall, 2000), and injecting drug users (Needle, Coyle, Genser and Trotter, 1995; Trotter, Bowen and Potter, 1995). Yet such network analysis has yet to be well-researched in regards to romance tourism and sexual activity. As Havanon, Bennett, and Knodel (1993) state, "persons involved in noncommercial sexual networks are largely unaware that their partner may link them to a larger network of sexual contacts and associated risks of HIV infection" (p. 1).

This is the unromantic side of romance tourism: young women traveling to resort towns become part of an ever-changing pool from which local young men can choose sexual partners. Concentrating on the present, many tourist women get caught up in the heady romance of the moment and choose to ignore the fact that they are "hooking up" with someone who has little vested interest in protecting their sexual health. It is incumbent of sexually active women to be able to protect their sexual health. In order to accomplish this, they must have the necessary negotiation skills to insist on safer sex.

According to Graburn (1989), the tourist experience can be likened to a kind of sacred journey. He states, "we hate to end vacation, and to leave new-found if temporary excitement; on the other hand, many are relieved to return home safely and even anticipate the end of the tense, emotion-charged period of being away. We step back into our former roles, often with a sense of culture shock" (p. 27). But for some young women the return home can bring both culture shock and an unwelcomed diagnosis. Quoted in a *Cosmopolitan* editoral (1997), a 19-year-old English woman diagnosed with HIV after a summer-long vacation romance with a male French national warns other sexually active holidaymakers that,

> it's not just about pregnancies any more. Wherever you are, who ever you're with, you have to be responsible for your own health. You can't just pack a suitcase and take a summer away from reality. I know how easy it is to take risks in the holiday atmosphere, but 'real' things still happen to you. At the end of the day, you're playing with your life. (*Cosmopolitan* 1997:30)

Yet being responsible for your sexual health is a complex task that involves not only the knowledge of how to prevent the transmission of HIV through correct and consistent condom use, but the ability to put such knowledge into practice. Such self-efficacy involves a degree of sexual assertiveness that may, at present, be beyond the scope of

some young women. HIV prevention behaviors "appear to be linked to women's status in a given society" (Bajos, 2000, p. 1533) as well as the balance of power within individual intimate relationships (Kelly and Kalichman, 1995; Maxwell, 1995; Murphy, Rotheram-Borus and Reid, 1998).

The preceding review suggests that the role of gendered power dynamics in sexual risk behaviors among my target population of tourist women is complex and the conditions that produce and maintain particular gender ideologies are diffuse. In the next chapters I takes up these issues. Chapter 2 addresses the issue of the media as a force for social change within American mainstream culture since the 1960s, and the so-called sexual revolution. My premise is that media culture, especially in the form of increasingly popular women's style magazines, has been a liberalizing force on many young women's conceptualizations of themselves as autonomous individuals. I also hold that media culture's strong emphasis on sexuality has been a liberalizing force on many young women's conceptualizations of themselves as sexual beings.

Chapter 3 explores how women's increased autonomy has encouraged international travel among young women, as well as how gender power dynamics can diversely effect their sexual risk-taking during social contacts made while traveling abroad. I believe that the ethnographic approach of medical anthropology can significantly contribute to the development of effective HIV-preventions targeting young women by filling the gaps in knowledge regarding the role of gendered power dynamics in safer sex behaviors.

CHAPTER 2
GENDER, MEDIA CULTURE AND SAFER SEX

Introduction

> *Question*: How do we know who we are?
> *Answer 1*: Society tells us . . . first in the form of family and other caretakers.
> Later, we learn our "place" via messages from institutional mechanisms . . .
> *Answer 2:* If society tells us lies, how can we know who we are?
> (Judith Wilson quoted in Lippard 1990:19)

Questions regarding how cultural discourses that shape individual behavior and identity, including how they are reproduced as well as challenged, are the kinds of questions that anthropologists are often compelled to address. Anthropologists are interested in the idea that the social artifacts and conditions we study, witness and record are not always what they seem on a cursory first inspection. Anthropologists study socio-cultural behavior in order to aid in the interpretation of cultures (Geertz, 1973). Writing on his conceptualization of culture and cultural reproduction, Geertz states:

> believing . . . that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning. (Geertz 1973:5)

One area of anthropology that holds interest for those who study the reproduction of culture is the way in which social interactions among and between individuals legitimates and reproduces hierarchical constructs. Anthropologists study the avenues in which various forms of power are used to create and maintain the shape and structure of complex systems of domination, played out along lines of race, ethnicity, gender and

class. We observe the manifest and latent meanings embedded within and between social actors and seek to articulate interpretations of their symbolic significance as cultural codes and morays.

In this chapter I use anthropological constructs to frame an exploration and understand why many sexually active young women do not practice consistent condom use, and what factors may affect the decision-making of those who are reporting the practice of safer sex behaviors. I argue that media culture contributes to young women's confusion about gender-appropriate sexual negotiations. I believe media culture promotes a discourse of romance that obfuscates noncommittal sexual activity and "fluid" relationships (St. Lawrence, Eldridge, Reitman, Little, Shelby and Brasfield, 1998) with positive attributes associated with women's gender empowerment on the one hand, and negative attributes associated with promiscuity on the other.

Recognizing Cultural Difference and Sexual Diversity

As stated in Chapter 1, sexuality is a complex human behavior that is strongly socialized. Many factors play a role in influencing the individual's acceptance or rejection of particular activities. An array of institutional structures, and other mechanisms for social organization impact individual sexual repertoires, intimate expressions, and even the choice of who one engages in sexual activities with and who is not chosen as a partner. Racial or ethnic affiliations, socio-economic class, peer norms, and media culture each exert various levels of influence on sexual expression.

For example, media culture's bombardment of the senses with sexualized imagery designed to stimulate the viewer has reached an unprecedented level as advertisers put the idiom that "sex sells" into practice. Despite a media culture that abounds with sexual

imagery, there remains great diversity of sexual behaviors among and within particular subpopulations in the United States.

The sample in the present study was relatively homogenous in terms of ethnicity, education, socio-economic class. However, they were different in terms of their vacation intentions and behaviors. I will seek to express the diversity of their experiences as well as their travel expectations, intentions and behaviors. Addressed briefly in the preceding chapter, these tourist typologies will be discussed and elaborated on more fully in Chapter 3. In the following pages, I will discuss background information on HIV among adolescent and young women, then elaborate on the role of media culture in the gendered behaviors of young women's sexual expression. And finally, I will place my participants' behaviors within the context of sexual risk-taking and gendered power dynamics experienced by tourist women abroad (Dahles and Bras, 1999; Meisch, 1995; Pruitt and LaFont, 1995).

Sexual Encounters as Complex Social Behaviors

Many researchers believe that, "the AIDS epidemic has provided a spur for attempts both to examine what actually takes place in sexual encounters and to understand the complex social processes, pressures and power relations which permeate and construct such encounters" (Holland, Ramazanoglu, Scott, Sharpe and Thompson , 1991, p. 146). Yet over ten years after Holland and colleagues made their statement, the role that gendered power constructs play in informing women's sexual encounters remains unclear, just as are the social processes that effect these constructs.

Exploring the impact of media culture on gendered power constructs is instructive for those who seek a better understanding of young women's safer sex behaviors.

Adolescents live in a social environment of increasingly explicit media content, yet the dynamics of how magazines, sitcoms, and music videos shape and influence their sexual personae is a relatively new area of analysis (Kellner, 1995; Hooks, 1992). In the following section, I review the biological aspects of the HIV virus that contributes to the risk it poses for adolescent and young women. Next I review the sexual risk behaviors of adolescent and young women that make them particularly susceptible to HIV infection. I then use the theoretical framework of gendered power constructs to discuss media culture and its affect on the changing landscape of American women's sexuality since the 1960s.

Finally, I briefly discuss how the romance of risk associated with changes in the social constructs of gender have increased solo female travelers sexual experimentation but may leave many ill-equipped to practice safer sex. This will be expanded on in Chapters 3 and 4, as I compare and contrast field observations as well as survey responses of the participants. However, first I will briefly discuss issues of homogeneity and diversity in regards to gendered power dynamics among young women who have grown up with the complex culture of American society.

Background: HIV Among Adolescents and Young Women

While HIV/AIDS rates remain highest among men, there is an alarming increase among women, and especially among adolescent and minority females in the United States. The Centers for Disease Control and Prevention (CDC) has found that the percentage of women with AIDS has more than tripled between 1986 and 1999. In 1986, women represented only seven percent of AIDS cases in the United States, but by 1999 that number had risen to twenty-five percent. Part of this increase is due to the

reclassification of AIDS-related disabilities to include those that particularly affected women, as well as improved survival rates due to drug combination therapies.

Yet women are making up an increasingly greater proportion of cases, largely due to heterosexual contact, which the CDC now calls women's "greatest risk" (CDC, 2002a). As of June 2000, sixty-two percent of women with AIDS contracted the virus through heterosexual transmission. Among women diagnosed with AIDS between July 1999 and June 2000, heterosexual contact accounted for seventy-two percent of cases among 13-19 year-olds and seventy-four percent of cases among women between the ages of 20-29 years (CDC, 2002a).

Adolescent and young women are particularly of concern. As of 1998, HIV/AIDS was the sixth leading cause of death among persons aged 15-24 years in the United States (MMWR, 1998) and as of 1999 it was the fifth leading cause of death in women aged 25-44 (CDC, 2002a). This suggests that the infected person had contracted the disease, on average, between five and ten years prior to diagnosis. Each year, approximately three million cases of sexually transmitted infections (STI) occur among teenagers, putting them at even greater risk of HIV seroconversion if STI are left untreated. An editorial in the journal of *Pediatrics* (2001) reaffirms a CDC (2001) report that half of all new HIV infections in the United States occur among people between the ages of 13 and 24, and sexual transmission accounts for most cases of HIV during adolescence.

Multiple sources have confirmed that the rate of adolescent HIV seroconversion continues to rise, and that increasing numbers of young people are having sex in their teens than ever before (CDC, 2001; CDC, 1998; InSite, 1997). In the mid-1950s, approximately twenty-five percent of women under the age of 18 years reported having

sexual intercourse (CDC, 2001). In 1997, just over seven percent of students nationwide reported having sexual intercourse before the age of 13, with 42.5 percent by grade 10 and 60.9 percent by grade 12 (CDC, 1998). Nearly a quarter of 12th graders (23%) reported four or more sexual partners (CDC, 2001). Drawing on CDC statistics, In-Site (1997) reports that:

- Based on current trends, an average of two young people are infected with HIV every hour of every day in the United States.
- About 25 percent of sexually active high school students reported they used alcohol or drugs at last sexual intercourse.
- The percentage of American youth who are taught about HIV in school increased 59 percent between 1989 and 1995; however, condom usage rate increased only 17 percent during this time period.
- Both female and male college students are at high risk for HIV infection because of high numbers of sexual partners and lack of consistent use of safer sex precautions. (InSite 1997:1)

Other research into the sexual behavior of youths supports the CDC findings that first intercourse is occurring at ever-earlier ages. In addition, adolescents are reporting a greater number of recent and lifetime sexual partners, rarely use contraception at first intercourse, and typically do not begin to use contraception regularly until approximately three months after first intercourse (Colon, Wiatrek and Evans, 2000; Graham, 1994; Reitman, 1996). All these factors put sexually active youths at increased risk of contracting an STI, including HIV. In fact, the epidemiological link between untreated STI and HIV seroconversion is so well established that STI rates are used as a proxy to estimate HIV incidence (Pinkerton and Layde, 2002).

In regards to young women, studies have found that sexually active adolescent females are at even greater risk of contracting an STI due to a number of biological and

socio-cultural factors (Katz, Fortenberry, Wanzhu, Harezlak and Orr, 2001; Shepherd, Weston, Peersman and Napuli, 2000; St. Lawrence, Eldridge, Reitman, Little, Shelby and Brasfield., 1998). What is behind the trend of earlier first intercourse among young women? Is it social pressure within the world of teen culture that privileges peer approval? The answer is not that simple.

Studies conducted by Jemmott, Jemmott and Hacker (1992), as well as Brown, DiClemente and Park (1992) found adolescent's condom-use intentions had multiple influences. For example, Jemmott, Jemmott and Hacker (1992) found that youth "behavioral beliefs about the effects of condoms on sexual enjoyment, normative beliefs regarding partners' and mothers' approval, and control beliefs regarding technical skill at using condoms," were associated with their condom-use intentions (p. 371). Brown, DiClemente and Park's (1992) research produced similar results.

Clearly, social risk to reputation and approval seeking are important factors to consider when analyzing young women's willingness to use condoms. Other factors important to understanding individuals' conception of social risk are the effect of life events on risk-taking behaviors and how perceptions of risk are formed (Sturnin, 1991; Christ, Raszka and Dillon, 1998; DiClemente, Lodico, Grinstead, Harper, Rickman, Evans and Coates, 1996). Sturnin (1991) holds that "to understand what it is that adolescents consider 'risky' requires seeing their life options as they do in the larger context of their aspirations and worries about how 'to fit in' " (p. 221).

According to the CDC (2000), many women remain "unwilling or unable to negotiate" safer sex practices despite knowledge of HIV prevention (p. 2). Social expectations embedded in gender constructs increase women's participation in unsafe sex

practices, including discomfort with sexual communication, relationship aspirations, and conflicting ideas about who is supposed to take the lead within the heterosexual dyad (Lear, 1997; Ragan, 1997; Soler, Quadagno, Sly, Riehman, Eberstein and Harrison, 2000). For example, within some relationships, condom use negotiations continue to be dominated by the male partner and remain grounded in a double standard of gender-appropriate behavior. In fact, women's possession of condoms and insistence on their use may actually decrease condom use compliance among some males (Raffaelli and Suarez-Al-Adam, 1998; Seal, Wagner-Raphael and Ehrhardt, 2001; Sobo, 1995).

The locus of control regarding condom use negotiation remains bound to gender scripts and is not easily changed. As one young man put it "when it comes to sex, guys have to know it all, be able to do it all" (quoted in Ponton, 1997, p. 77). Gender role conformity within heterosexual partnerships puts social pressure on both young men and women to perform in gender-appropriate fashion. While the appropriateness of particular gender roles for women varies across socio-economic class, racial or ethnic categories, religious affiliations, and even by age group, ideas regarding sex-appropriateness continue to exert an influence on social behaviors.

As Geertz (1973) claims, "not only ideas, but emotions too, are cultural artifacts" (p. 81). For example, the old saying "boys don't cry" illustrates Geertz's point as well as stands as an example of how traditional gender-appropriate displays of emotion are allowed symbolic expression. Adherence to gender norms can adversely effect open sexual communication and may contribute to behaviors that risk individual's sexual health as well as the health of their partners (Jadack, Hyde and Keller, 1995; Sieving, Resnick, Bearinger, Remafedi, Taylor and Harmon, 1997; Sonenstein, 1997).

As stated above, women's first sexual intercourse is occurring at increasingly younger ages. Studies consistently report that youth is correlated with a lack of open sexual communication, a lag between onset of sexual activity and use of any birth control, poor condom negotiation skills and inconsistent use, an increase in lifetime sexual partners, feelings of invincibility, low perception of HIV as an immediate and personal health threat, and overall higher risk sexual activity (Brown, DiClemente and Park, 1992; Christ, Raszka and Dillon, 1998). Another risk factor particular to adolescent women is that their sexual partners are often a minimum of three years older (and sometimes much older). This age difference means that the older partner has often had more STI exposure due to a longer history of sexual activity (CDC, 2002b; MMWR, 1999).

Oakley and Bogue (1995) found that even among women with high condom self-efficacy, "a mere 1% met the criteria for quality condom use [including] using a condom with every act of intercourse" (quoted in Ragan, 1997, p. 32). Similar low rates of consistent condom use among adolescent females have been found in numerous surveys. For example, in a study of 200 ethnically diverse female respondents (median age of 17 years and median age at first sexual encounter of 15 years) only twenty-two percent always used condoms. Less than half (47%) of the women in the study used condoms during their last sexual encounter, and eighty-five percent reported negative experiences with condom use (Christ, Raszka and Dillon, 1998).

Another study of 1049 male and female respondents found that while twenty-nine percent of participants reported using condoms consistently, this behavior was more frequent in males than females respondents (Brown, DiClemente and Park, 1992). Rates of consistent condom use do not increase dramatically among college students versus

adolescents despite higher level of education and self-efficacy. For example, one study of 315 male and female college students found that twenty-four percent reported using condoms for sexual intercourse (Hawkins, Gray and Hawkins, 1995).

In contemporary society, the powerful voice of media culture has become focal as young women are constantly exposed to the latest in advice, tips, and trends on exactly what one has to do in order to "fit in" and gain peer acceptance. In Chapter 3, I examine the way respondents in the present study conceptualize peer acceptance in regards to sexual issues, including their use of condoms, as well as their perception that they are personally at risk of HIV. I explore these issues within the context of respondents' sexual experimentation as part of their self-defining, tourist experience (Butler, 1995).

As way of background, I discuss below how the changing sexual climate in the United States, fed by the powerful force of media culture, has paved the way for young women's self-exploration through sexual risk-taking, both at home and abroad. Yet within media culture, the social construction of sexual risk is both overly romanticized and presented as a cautionary parable against excessive female independence. I will argue that these mixed messages have implications for young women's health through the social construction of gendered power dynamics.

Critical Medical Anthropology and Gendered Power Constructs

This research is based on the theoretical concepts of critical medical anthropology and feminist theory that have emerged from the perspective of political economy. Influenced by Marxism, political economy claims that unequal access to power and wealth has an impact on shaping culture (Erickson, 1999). According to this theoretical construct, those who hold the means to producing wealth and power also hold the means

to producing a particular way of knowing as the dominant epistemology. As an ideology becomes naturalized it can also become increasingly resistant to challenge. A well-established ideology "recapitulates the economic and political interests of some while simultaneously 'mystifying' this essential inequality in power-relations for others" (Erickson, 1999, p. 138).

In terms of critical medical anthropology, Rudolf Virchow was one of the first to place disease and medicine within a framework of political economy with his pronouncement that, "medicine is a social science, and politics is nothing more than medicine in larger scale" (quoted in Singer and Baer, 1995, p. 20). While Virchow was referring to the state of Western medicine in the late 1800s, his words resonate with contemporary medical anthropologists who recognize the importance of power dynamics within systems of healing.

Edited volumes such as *Understanding and Applying Medical Anthropology* (Brown, 1998) and *Knowledge, Power and Practice* (Lindenbaum and Lock, 1993), have explored how multiple actors exercise power differentials that affect health. Such power differentials may directly and indirectly affect the health outcomes of other actors, regardless of a particular healing system's reliance on low- or high-technology (Dressler, 1998; Hahn, 1995; Hunt and Mattingly, 1995).

In the past 20 years the exploration of power has reoriented applied anthropology "away from studying individual communities as if they existed in isolation of a wider social world" (Singer and Baer, 1995, p. 59). Interest has turned towards looking at human problems and their solutions, such as the HIV/AIDS pandemic, within a macro-social and global context (Bodley, 1996; Brown, 1998; Marcus and Fischer, 1986; Parker,

1995). Critical medical anthropology recognizes that one of the major outcomes of unequal access to power and wealth is unequal access to health and health care (Baer, Singer and Susser, 1997; Farmer, 1999; Singer, 1994; UNDP, 1992).

The gendered dynamics of sexuality (Bonvillain, 2000) and reproduction (Martin, 1987; Scheper-Hughes, 2000) have special import with regards to women's health outcomes, for the female body remains a locus of social control that puts women at particular risk of HIV infection (Farmer, 1999; Fullilove, Fullilove and Haynes, 1990; Roth and Fuller, 1998). For example, culturally sanctioned male dominance that promotes a sexual double standard can have particular health consequences for women (Asencio, 1999; Sobo, 1995). A female who is socially and economically subordinate to her male partner may not have the ability to insist on safer sex behaviors, even if her partner is known to have extra-dyadic intercourse (Raffaelli and Suarez-Al-Adam, 1998; Seal, Wagner-Raphael and Ehrhardt, 2001).

Within the social sciences, groundbreaking works such as *Woman, Culture and Society* (Rosaldo and Lamphere, 1974) and *Feminism and Science* (Tuana, 1989) have explored the ways that women's health outcomes are uniquely affected by social expectations and gender norms. The female body as receptor of biomedical control in the West has been addressed in *Knowledge, Power and Practice* (Lindenbaum and Lock, 1993), and *Gender and Health: An International Perspective* (Sargent and Brettell, 1996), especially through the exploration of the cultural construction of childbirth.

While researchers are gaining a better understanding of the interplay between gender, social constructs, and health outcomes in general, questions remain as to how gendered power dynamics impact women's safer sex negotiations (Cohen and Lederman, 1998;

Maxwell and Boyle, 1995; Schneider and Stoller, 1995). In addition, we do not yet know how to reduce unsafe sex practices before high-risk behaviors become established. As Graham states,

> it is clear that sex education programs which simply advocate "safer sex" practices without addressing the interpersonal skills and emotional implications of negotiating such practices, and which do not provide a positive view of sexual health, are failing to influence adolescent behavior. (Graham 1994:305)

The dramatic increase in HIV infection among adolescent and young women makes it imperative to gain a better understanding of heterosexual gendered power dynamics and their effects on women's sexual behaviors.

1960s Sexual Revolution: Have You Come A Long Way Baby?

Prior to the development of the Pill (a commonly used generic term for female oral contraceptives) in 1960, single American women faced many sexual constraints associated with the social risks of nonmarital sex, cohabitation, and out-of-wedlock pregnancy. The advent of the Pill provided a widely available, easy-to-use, and effective form of female-controlled contraception and dramatically changed the landscape of women's sexuality. Many argue, in fact, that it was the Pill that facilitated women's response to the sexual revolution sweeping the country in the 1960s just as the second wave of feminism was calling for increased female autonomy (Coontz, 1992; Wolf, 1991) and the American public's discussion of sexuality increased.

Publications as diverse as the watershed scientific research on *Human Sexual Response* (Masters and Johnson, 1966) and the grassroots publication, *Our Bodies, Our Selves* (Boston Women's Health Book Collective, 1970) legitimized the scientific and lay exploration of sexuality in groundbreaking ways. The antecedent for this phenomenon

was sown almost fifteen years earlier with publication of *Sexual Behavior in the Human Male* (Kinsey, Pomeroy and Martin, 1948), followed by *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin and Gebhard, 1953). Known collectively as the *Kinsey Reports*, this pioneering body of research challenged the traditional Victorian view of human sexuality as a taboo topic, moving the general public towards a more open and accepting attitude. In 1953, Hugh Hefner published the first issue of *Playboy,* claiming the *Kinsey Reports* were a major inspiration for the sexually explicit men's magazine.

In 1962, Helen Gurley Brown published *Sex and the Single Girl,* a book that also tapped the public's desire for information on changing sexual mores. This bestseller became the springboard to Brown's 1965 appointment as editor of *Cosmopolitan*, a post she held for the next thirty-five years. Brown revamped the family magazine to target single young women seeking financial independence and sexual expression outside the tropes that had governed their mother's lives. In 1966, William Masters and Virginia Johnson published *Human Sexual Response*. Despite the use of technical language appropriate for its academic audience, the book became a best seller. Three years later, David Reuben published a self-help sex manual, *Everything You Always Wanted to Know About Sex But Were Afraid to Ask* (1969). This easy-to-read sex manual also became a bestseller, read by more than 100 million people. Another bestseller, *Our Bodies, Ourselves* (1970), helped revolutionize how women in the 1970s thought about their bodies, their reproductive needs and their sexual selves.

This brief overview is evidence that there were numerous scientific and lay publications that had both direct and indirect impact on sexual awareness and knowledge in American society, contributed to the sexual revolution and increased female sexual

autonomy. However, while espousing "free love" and "women's liberation," centrist magazines such as *Playboy* and *Cosmopolitan* did not subvert the status quo of female subordination and a double standard of sexual behavior for men and women. Such publications continued to foster competition between females for male attention, an unrealistic emphasis on feminine youth and beauty, and an impossible coupling of hypersexuality and virginal innocence (Faludi, 1991; Wolf, 1991). In the groundbreaking video, *Killing Us Softly*, Kilbourne (1975) used advertisements from mainstream magazines to illustrate these points.

The sexualization of media culture that Kilbourne identified in the mid-1970s has increased in the decades since media deregulation (Beneke, 1990; Nayak, 1997). As Beneke (1990) states, "in the last fifty years we have seen a massive dissemination of erotic images in advertising, contrived with increasing skill and designed to distract, arouse, and awaken . . ." (p. 171). Following the old adage that sex sells, advertisers have been quick to see the potential profits in exploiting female sexuality under the guise of women's empowerment.

In contemporary America sex is used to sell everything. The trend towards the commercialization of the human body and sexuality has been recognized within feminist theory, political economy, and media culture analysis (Hooks, 1992; Kellner, 1995; Nayak, 1997; Shusterman, 1997). After World War II, magazines espousing the cult of domesticity (such as *Ladies Home Journal*) began to compete with *bona fide* fashion magazines for female readership. In the decades that followed, fashion magazines became increasingly popular and began to challenge the centrality of motherhood. The

upwardly mobile young single woman, personified as the "Cosmo Girl," became a central iconic figure in media culture.

For example, when women were reading *Cosmopolitan* in the 1960s there was a strong emphasis on romantic relationships, and articles full of "nitty-gritty advice on how to snag a man—even if he was already married" (Garrison, 2002, p. 1). *Cosmopolitan* has retained its emphasis on relationship maintenance, though a trend towards delayed first marriages has moved the emphasis from snagging a husband to such cover stories as "how to reel in bunches of boys" (*Cosmopolitan*, 2001). Over the years, the magazine has also shifted towards ever more sexually explicit content and photo layouts. Today, even the magazine's promotional materials have strong sexual messages with which the female reader is asked to identify. In the same issue discussed above, promotional inserts included a photo of a couple in bed admonished to "go for it!" and a group photo of bare-chested men with the caption, "intensify your pleasure!" (*Cosmopolitan,* 2001).

Young Women, Gendered Power Constructs and Media Culture

Social changes associated with sexual liberalization are not limited to women's magazines, but have been powerful forces in youth-oriented television, of which MTV is arguably the most successful. Sexually-oriented materials marketed towards men have burgeoned since the first publication of *Playboy* in 1953. Known as "lad mags," mainstream men's magazines, such as *Maxim, Stuff,* and *GQ*, now routinely contain materials that years earlier would have been considered pornographic. As has been noted in feminist scholarship, when a gendered social norm goes through a transformational period it is often the masculine version of a social behavior that becomes adopted as standard, while the female version becomes the polite or archaic form. This has been

observed in sociolinguistics, studies of workplace organization, and more recently, in changing sexual mores and behaviors (Bonvillain, 2000; Friday, 1991).

Pertinent to this paper is that aspects of sexuality more traditionally associated with male socialization (Kimmel, 1990; Murphy, 2001) are becoming increasingly normalized as female prerogatives, of which the *Cosmopolitan* promotional materials mentioned above exemplify. In a telling quote, one biographer claims that, as *Cosmopolitan*'s long-time editor, Brown "has been the women's movement's most effective propagandist for love unhampered by commitment and the responsibilities of children and marriage" (Garrison, 2002, p. 1). In keeping with Brown's views on female sexual autonomy, the "Cosmo Girl" is encouraged to espouse deceptive and predatory sexual practices, hedonism, and sexual consumerism as part of her ethos of sexual liberation.

While many feminists would argue that "love unhampered by commitment" is not a mainstream feminist ideal, it is not surprising that progress regarding female sexual autonomy has been co-opted to serve advertisers' needs and the promotion of a consumerist society. The ideology of sexual consumerism is both pervasive and presented as normative in contemporary America. Media culture pays lip service to female sexual autonomy while re-inscribing exploitation of the female body as recipient of the masculine sexual gaze (Beauvoir, 1957; Hooks, 1992; Nayak, 1997).

What are the gendered discourses that contemporary women's fashion magazines often reproduce rather than challenge? Many magazines continue to rely on sexual scripts that cast men as sex-obsessed and women as relationship-obsessed. In article after article, males are inscribed as biologically programmed to be promiscuous (i.e. "players") and females as nurturing. While our post-1960s sexual ethos has caused a shift away from

the Madonna/Whore complex towards a more realistic concept of female sexuality, much of the popular discourse on women's sexuality continues to cast sexual expression as related to women's ability to attract and keep male attention.

Despite women's magazines obsessive focus on topics associated with female sexuality, when examined within the framework of gendered power dynamics, much of their focus revolves around "snagging a lasting and loving relationship" (Lombardi, 2001, p. 168). Clearly, "love unhampered by commitment" is not the Cosmo Girl's ultimate goal, though sexual liberalization has changed how women are expected to behave sexually—i.e. more aggressively than was appropriate in the past. As sexuality has become a major source of female identity and self-discovery, it has also highlighted the ambiguities of gender and power that women must negotiate as they come of age.

One arena in which such ambiguities can be explored is that of "fluid" sexual encounters between women travelers and men met while on vacation. How does the discourse of romance play itself out in terms of a vacation fling, and what are the health consequences for women in the age of HIV/AIDS? While women's magazines such as *Cosmopolitan* have sought to address this issue, the early results consisted of articles with misleading information, which distanced female readers from a sense of vulnerability by downplaying individual HIV risk (Treichler, 1999). Treichler (1999) states that while *Cosmopolitan* was "not the first publication to make dubious claims about women and AIDS during the first decade of the epidemic, it was certainly the most widely read" (p. 236). Treichler continues,

> the current state of affairs in the United States with respect to women and AIDS is that we lack knowledge, social policy, and cultural consensus—in part because we lack conceptual coherence about the role of gender in HIV transmission and about the impact of the AIDS epidemic on women, on

> families, and on society at large. The AIDS epidemic fuels a conservative agenda for women marriage, family, children and amplifies already vocal calls for protection and surveillance. (Treichler 1999:263)

Despite economic and educational gains, powerful gender constructs continue to limit young women's ability to insist on safer sex even as liberalization of sexual mores allows them access to traditionally male-appropriate sexual experimentation. While easily overlooked or dismissed, the phenomenon of an increasingly sexualized media culture may have a profound cumulative effect on the landscape of young women's sexuality.

As media culture has come to permeate American society, is also increasingly sexualized since the media deregulation begain in the 1970s. Further, this sexualization occurs primarily through the commodification of women's bodies, a process that has relatively few critics when compared to the overwhelming volume of images produced. There is evidence that such media depictions have a detrimental effect on women's self-esteem and on men's conceptions of women, though such studies have been criticized as difficult to evaluate given the multiplicity of variables that have to be controlled (Faludi, 1991; Kimmel, 1990; Wolf, 1991).

The Discourse of Romance and Women's Solo Travel

While much of media culture directed towards women is sexual in nature, it is often disguised within a discourse of "romance" that obfuscates and naturalizes the contradictions inherent in the social construction of women's sexuality and effects their safer sex behaviors. As has been stated, "the idea that women are free to choose the most rational form of protection ignores the nature of systematic inequalities in the social relationships between women and men. The linking of sex and health is in itself

problematic in a cultural context which endows sex with meanings which are far from healthy" (Holland, Ramazanoglu, Scott, Sharpe and Thompson, 1991, p. 129).

While the excessive sexual repression of the Victorian Era has lifted in the United States, our value system remains predominately "sex negative" despite increasing saturation of sexual materials into mainstream culture. And while many HIV-prevention programs that receive federal funding promote abstinence-only (and there are valid arguments that abstinence is a desirable goal for adolescents in their early teens) the fact remains that ever-younger adolescents are engaging in sexual intercourse.

This trend is influenced by numerous factors, including media culture's role in the promotion of sexual materials to increasingly younger audiences in the form of, for example, suggestive music videos and the marketing of scantily-clad female pop singers to preadolescent girls. Some argue that the problem with media culture is that it touts the recreational aspects of sex while downplaying the affective outcomes of sexual intimacy. This has propelled ever-younger children to become romantically involved and sexually active long before many have achieved the emotional and physical maturity necessary for sexual health and psychological wellbeing. Unfortunately, older adolescents do not always outgrow patterns of sexual miscommunication or patterns of high-risk behaviors established at the onset of sexual activity. Many college-aged youths find it difficult to navigate a sexual landscape strewn with the social land mines of gendered double standards, negative sexual experiences, and alcohol misuse (Asencio, 1999; Cohen and Lederman, 1998; Sobo, 1999).

Travel facilitates the ability to connect with others, in "a process at once global and personal" (Pruitt and LaFont, 1995, p. 422), and it is this promise of connection that is

often a prime motivation for young, budget-minded tourists. Travel destinations promote themselves both as unique geographical location and as social climates where the "natives are friendly." Travel holds the promise of ordinary life being transformed into extraordinary experience, though just what transformation the tourist wants to experience can vary considerably (Enloe, 1989; Graburn, 1989; Nash, 1989; Picard, 1995).

Among the female tourists I interviewed in Jacó, Costa Rica, motivations for travel tended to fall into three broad categories, based on my interpretation of their responses to the survey question, "What brought you to this particular area?" For a handful of women, international travel is a chance for intellectual or spiritual self-exploration within the context of a geographical environment often exotic as well as physically challenging. This was expressed in brief responses such as, "teaching English, learning Spanish," and in more elaborate responses addressed in the next chapter. For the majority of women interviewed, travel holds the promise of new, fun experiences and the potential for romance. When asked their motivation for visiting Jacó, women's typical answer was "I heard it was a great party spot!" For other young women, travel abroad is seen as opportunity to actively engage in opportunistic romantic and sexual exchanges, expressed in such enthusiastic responses as "hot dudes and surf!"

Young, budget-minded tourists place primary emphasis on social interactions among locals and fellow travelers as integral to a positive vacation experience (Graburn, 1989; Meisch, 1995; Murphy, 2001). According to Murphy (2001), "the time it takes to move to a more personal relationship with other travelers is shorter than in normal life situations at home" (p. 59). A 23-year-old British female traveling through Australia explains the phenomenon this way,

> you probably get a lot closer to people quicker than you normally would; whereas it might take a month to build up a relationship at home you can do it traveling in a day or two and you can get quite intimate. (quoted in Murphy 2001: 59)

This emphasis on social interactions facilitates intimacy on many levels, and offers female travelers opportunities for contesting and renegotiating gender-appropriate behaviors. Taking advantage of such opportunities can be a powerful liberating experience for women, as a quick tour of the content found on the numerous women's travel information websites can attest. For example, tourism researchers Pruitt and LaFont believe that,

> with new economic power, many Euro-American women are seeking an identity beyond the confines of the traditional gender scripts offered in their cultures. Conventional notions of gender are contested daily, challenged publicly through the media, and questioned privately as men and women struggle with negotiating new roles.
>
> With the ease and popularity offered by mass tourism, part of this negotiation is being conducted around the world as women travel independently of men. Free from their own society's constraints, female tourists have the opportunity to explore new gender behavior. (Pruitt and LaFont 1995:423)

Yet the degree of gender role contestation is quite variable, as numerous studies of women's travel behaviors attest. Drawing on the growing body of research on women who participate in romance tourism, it is clear that the discourse of romance that permeates women's gender ideologies at home is often reinstated within their intimate interactions abroad (Dahles and Bras, 1999; Meisch, 1995; Kempadoo, 1999; Pruitt and LaFont, 1995). Pruitt and LaFont (1995) state that intimate liaisons between local men and women travelers are most often constructed around the potentiality of establishing a long-term relationship, a finding born out in other research.

In a study of *gringas* and *Otavaleños*, Meisch (1995) found that young, foreign women visiting Ecuador are often "looking for romance, an authentic experience or connection to indigenous culture, and sometimes a husband," though some do "seem to be interested in merely a brief sexual encounter" (pp. 442-3). Who are the preferred partners of American women? According to Meisch (1995), "the ideal mate or boyfriend for a Euro-American woman is generally taller, wealthier, and better educated" (p. 448) than is the woman. Since the abolition of *wasipungo* (the debt peonage system) in the mid-1960s, economic opportunities engendered in textile manufacturing have propelled many Otavalan indigenous families into the middle class (Meisch, 1995). Improvements in nutrition have allowed younger Otavaleños to meet typical standards of sexual attractiveness held by Euro-American while simultaneously embodying the exotic other (Meisch, 1995).

An American gringa explained her attraction to male Otavaleños due to the fact that " 'these guys are so sexy! Long hair, high cheekbones, white teeth, well-built, nicely dressed, friendly . . . Sometimes I just like to sit and look at them. They're Madison Avenue Andean Indians' " (quoted in Meisch, 1995, p. 449). Meisch states that many gringas found the exoticization mutual, and during interviews many American women reported that they were experiencing unprecedented levels of romantic attention. She claims this attention is due to a number of factors, including differences between the Euro/Hispanic preferred female body type, and a simple fascination with the atypical:

> the Ecuadorian ideal body type is more womanly than the impossibly-slim American ideal, so that young women who consider themselves too fat or otherwise unattractive suddenly discover that they are considered beauties, and the experience is heady. Indigenas and gringas share a mutual fascination with one another.

> Indigenas, incidentally, do not wish to be white themselves nor do they particularly value white skin; gringas of whatever coloring, but especially blondes, are simply unusual and exotic. The general reputation that gringas have for being sexually loose allows a young man to hope that something might transpire. (Meisch 1995:451)

Meisch's findings echo similar field observations and conversations with my research participants in Belize and Costa Rica. Both local men and the Euro-American women travelers I encountered shared many of these same views regarding their ethnic identity, body image, gender scripts, and sexual exoticism. As Eduardo, a Costa Rican informant told me, "If a girl is from Florida or California I know she is easy: if she is from Nevada or Texas, I know she is a nice girl." A handsome 24-year-old canopy tour guide of mixed Hispanic and African ethnicity, Eduardo made no point of hiding the fact that he had purposely "exoticized" his hair into shoulder-length dreads that he wore in a topknot because Euro-American *touristas* found the style attractive.

I first met Eduardo while having morning coffee at *Paola's Pan* during my second week in Jacó. Eduardo struck up a conversation with me with the opening line, "I don't know if you're from Ireland or Scotland, but I know you're European!" I told him that I was an American and then went on to briefly explain my research and asked him about himself and life in Jacó. When Eduardo told me he was a canopy tour guide, I realized he might make an excellent informant because he was both outgoing and likely to have ample opportunity for social contact with Euro-American touristas.

I found this to be true as Eduardo and I became better acquainted during my stay in Jacó. Eduardo was not only willing to talk with me about touristas, he was also connected socially to the cohort of young *Ticos* (one of their preferred self-referential terms) with reputations for being "players" in Jacó. Eduardo was friends with, and had kinship ties to,

many men in this group. Originally from Puerto Limón, on the Caribbean side of Costa Rica, most of these men had come to Jacó for work as tourist guides, to surf, and to meet touristas. Eduardo had a seriousness and maturity that made him seem older than the other young men in his cohort of friends. This may be due, in part, to the fact that he was a father of a toddler who lived with the child's mother in another town. This seriousness contributed to Eduardo's candid and thoughtful answers to my questions.

I had an in-depth conversation with Eduardo about a conversation with a tourista who had been interviewed the week before. The woman told me that Hernando, a 19-year-old member of Eduardo's cohort, had bragged to her that in the high season he "slept with 25 girls in 30 days." I asked Eduardo if that were possible. He laughed and said:

> In the high season? For sure! And Hernando? For sure . . . he a party guy. He knows how to get the girls, he's more aggressive than most. And in the high season guys get a lot of girls. Yeah, guys they talk. He with his friends, he say, "See that girl? We fucked last night." Guys with *experiencio*—they know how to get the girls.
>
> Young American girls are so easy, so stupid. You can get a girl in 30 minutes. Girls like the Latino men, the Caribbean men. We are nice, we look good, we like to make party [have fun]. Way to get an American girl is easy—if they think you're nice, a good guy, they go with you. Guy buys her drinks . . . they dance . . . they talk . . . then later . . . they go to bed.
>
> Next day, they pass on the street . . . he don't even see her. He don't even speak to her. Unless maybe he really like her. If she has a good body but she kinda stupid or annoying, he don't even see her on the street. He pass by without saying nothing. If she really nice he be with her two, three days . . . then that's it.

When I asked if his friends worry about HIV transmission through unprotected sex Eduardo became very serious and replied emphatically:

> Yes, guys here worry about it. They worry about it all the time. Even when they say they don't, they worry. Because they know guys in Puerto Limón that died from AIDS, and nobody wants to get sick. But sometimes they do it [have unsafe sex] anyway, and some guys more than others. Some guys just don't care.

Eduardo flashed a smile as he began discussing his own behaviors:

> I love the meat. *Mucho amor la carne* . . . you know . . . it's dangerous. Sometimes if I don't have the equipment [a condom] but the girl she have the beautiful body—I want to. But it's just meat, you know, just *carne*, so I know I shouldn't risk it.
>
> Once I met this girl, she was so beautiful, a beautiful body. She had beautiful [he made a hand gesture signifying woman's breasts]. I don't know if they *plastico* or for real, but they were really nice. And we were together for a few days and I wanted to go to bed with her so bad, and she wanted to be with me, but something tell me 'no.' Something say 'don't do it, she not okay.' So I didn't do it.

While Eduardo volunteered the information that he practiced safer sex, his said not all his friends did the same. When Eduardo spoke of having sexual relationships with touristas he did so in terms of his desire to *"conquista una chica"* drawing on a discourse of power and subordination that permeates some romantic relationships. In addition, Eduardo's statement pointed to the important role of alcohol consumption in facilitating the social interactions with touristas that can culminate in sexual intercourse.

The fact that high alcohol consumption, which factors prominently in most contemporary forms of tourism (Moore, 1995), has a strong correlation with lower inhibitions and unsafe sex behaviors explains why many researchers are concerned with young women's drinking patterns. Some women use the consumption of alcohol to grant themselves permission to have sex with nonregular partners. For touristas who want to be "swept away," both the bar scene and the use of alcohol helps facilitate such outcomes.

During observations at a bar called *La Bruja*, one of the busiest weekend nightspots in Jacó, I witnessed such social interactions in progress. The first night I conducted observations at the bar, I was standing among the packed crowd of locals and tourists when a Ronaldo (a member of Eduardo's cohort) suddenly began kissing passionately with an American tourista, seemingly oblivious to those around them. As the young

woman grabbed Ronaldo's hair and pulled him against her, the tourista's female friend walked up and took the young woman off through the crowd. She was so unsteady on her feet that, as the tourista walked away from Ronaldo, she sloshed her drink all over herself. Supported by her friend, the tourista disappeared into the crowd, and within a few minutes Ronaldo was chatting with another tourista at the bar.

Ronaldo's aggressive and public sexual approach is not the norm in Jacó any more than in it would be in a comparable bar in the United States, but I witnessed similar interactions between Ticos and touristas on two other occasions at La Bruja during numerous field observations. The next chapter will place women's tourism experiences within the cultural context of Jacó, Costa Rica, as I came to understand it. It will address issues of race, class and gender in terms of ethnographic research generally, as well as in terms of tourist/local encounters specific to the field site and factors pertinent to sexual intimacy between actors.

CHAPTER 3
SOCIAL INTERACTIONS AMONG TOURISTS AND TICOS

Introduction

> What is the nature of the tourist experience? Is it a trivial, superficial, frivolous pursuit of vicarious, contrived experiences . . . or is it an earnest quest for the authentic, the pilgrimage of modern man. (Cohen 1979:179)

According to Harkin, (1995) "tourism, in addition to being big business, is a strategy for framing and interpreting cultural difference" (p. 650). This study was conducted in the beach resort town of Jacó, a tourist destination in Costa Rica, Central America, during the summer when high numbers of budget travelers visit the country. In this chapter I present background information on Costa Rica and the expansion of the tourism industry.

Next I begin to discuss the field site, with an emphasis on my observations and interpretations of the social interactions among Jacó residents and the young, budget tourists who are draw to the resort town to experience the area's surf, sun, and culture. I will discuss the tourist typologies developed by Smith (1989) and Graburn (1989) in terms of their utility in conceptualizing and categorizing my respondents' tourist experiences. I will then develop a set of typologies that capture the nuances, similarities and differences among the women travels visiting the side. Finally, I will explore aspects of the typologies I have developed, using field vignettes and quotations to address the issues of autonomy and sexual identity among my participants.

Costa Rica in the Colonial Era

On September 18, 1502 Columbus touched the shores of what would become known as *costa rica* (the rich coast) near the present-day city of Puerto Limón on the country's Caribbean coast. At the time of Columbus' arrival it is estimated that the sparsely populated area contained approximately 20,000 indigenous people of diverse cultural affiliation, such as the Boruca, Bribri, Carib, Chibcha, Chorotega, Corobici, and Nahuatl. European atrocities and epidemics, primarily smallpox and tuberculosis, wiped out most of the indigenous population, leaving only the Chorotegas in relatively significant numbers. Those indigenous peoples who survived maltreatment and disease found themselves forced into virtual slave labor for Spanish conquistadors who had been granted *encomiendas*, land holdings which included the right to indigenous serf labor (Baker, 2002; Murphy, 1999; Rachowiecki and Thompson, 2000).

The colonial era officially began in 1562, with the appointment of Juan Vazquez de Coronado as governor, but the Spanish largely left the gold-poor colony alone over the next three centuries. Cacao plantations along the Caribbean coast produced most of the wealth in the colonial period, but large-scale cacao production eventually declined. In 1787 the Spain crown granted Costa Rica the right to cultivate tobacco, the only colony in the area allowed the privilege of producing this important export cash crop (Baker, 2002; Murphy, 1999).

On September 15, 1821, Central America declared independence from Spain, but the news did not reach Costa Rica until a month later. Political instability over the next two years erupts into civil war in 1823, which pitted conservative against republican factions. The conservative aristocratic faction wanted to join the Mexican Empire. They were

opposed to the more progressive republic faction, who desired to join the federation of other newly independent nations in the United Provinces of Central America, under the leadership of Guatemala. The republican forces achieved victory and Costa Rica joined the federation as a fully autonomous country. In 1824, Juan Mora Fernandez became Costa Rica's first head of state and remained in power until 1833 (Baker, 2002; Murphy, 1999; Rachowiecki and Thompson, 2000).

While Costa Rica has not been without social unrest, the cycles of civil war that have scarred many countries in this region did not come to dominate the country's political landscape (Baker, 2002; Helmuth, 2000). According to Baker (2002), this was due to the fact that "in Costa Rica colonial institutions had been relatively weak and early modernization of the economy propelled the nation out of poverty and laid the foundations for democracy far earlier than elsewhere in the isthmus" (p. 1).

When Coffee was King in Costa Rica

Arabica coffee arrived in Costa Rica in 1808 from Jamaica (Helmuth, 2000) and by 1832 Costa Rica began it first exportation of coffee to Europe (Baker, 2002). By 1849 an elite ruling class of *cafetaleros*, or coffee barons, had amassed enough political power and wealth to overthrow the country's first president, José Maria Castro, a reformist who came to power in 1838 (Baker, 2002; Helmuth, 2000; Murphy, 1999). A member of the coffee aristocracy, Juan Rafael Mora, replaced Castro in 1849. Re-elected in 1853 and again in 1859, Mora is known for the outstanding economic growth Costa Rica experienced during his tenure, especially in the area of coffee production and export. Mora is also remembered for heading the military rebuff of the imperialist designs of American mercenary William Walker, who attempted to invade the country and establish

it as a slave-holding colony of the southern American states in 1858 (Baker, 2002; Murphy, 1999).

The year of 1880 saw the first exportation of bananas, even as coffee remained king of the Costa Rican export market. During this period, the country retained its reformist social policies, such as abolishing the death penalty in 1882 and introducing mandatory public education for both sexes in 1886, even as it was ruled for 12 years by the military dictator, General Tomas Guardia. Costa Rica is also credited with the first free democratic elections in Central America, which brought José Joaquin Rodriguez to the presidency in 1890, which was also the year that the Atlantic Railway was completed. This railway linked the coffee and banana-producing region of Cartago in the fertile central valley to the port city of Limón.

During World War I, Costa Rica faced economic recession due to loss of export markets, and, according to Baker (2002) "democracy faced its first major challenge" (p. 2) when the coffee aristocracy hand-picked Minister of War, Federico Tinoco Granados, to became the military dictator. He was overthrown two years later, and the country entered an era of social unrest that came to a head during the Great Depression with a strike by local workers against the powerful American fruit exporter, the United Fruit Company. While workers earned concessions from the company, Costa Rica remained economically stagnate until after the end of World War II. As Costa Rica began to emerge from this economic downturn, it also faced the development of civil war. Elected in 1939, Rafael Calderón Guardia was a social reformist with a farsighted agenda. Calderón created a guaranteed minimum wage, codified workers' rights and founded the University of Costa Rica. Originally supported by the power elite, his social agenda

earned him favor with the urban poor. But when rampant inflation struck the country, Calderón found himself out of favor with the middle class and working poor (Baker, 2002).

When Calderón lost the election of 1948 by a small margin to Otilio Ulate, he claimed fraud and his cronies in the legislature, the so-called *calderonistas*, annulled the election. This act threw the country into civil war, since it became an excellent excuse for "Don Pepe" Figueres to implement a long-planned revolt on March 10, 1948. The civil war lasted forty days and claimed more than two thousand lives, the majority of them civilians (Baker, 2002; Murphy, 1999). In 1949 the army of Costa Rica was disbanded, as Don Pepe returned power to the duly elected Ulate after eighteen months in power. A socialist, Don Pepe became a national hero and eventually served two terms as president.

The 1950s began an economic upturn, sustained through the next two decades. During this boom period, there was a dramatic expansion of the welfare state, public education, and private enterprise. In 1980 a slump in the coffee, sugar and banana markets pushing Costa Rican into a severe economic recession at the same time 40 percent of the national budget was going to the social welfare system. Baker (2002) states, "when large international loans came due, Costa Rica found itself burdened overnight with the world's greatest per-capita debt" (p. 3). Civil unrest in neighboring countries aggravated the country's economic situation, and when Oscar Arias Sanchez was elected in 1986 he vowed to work for peace in the region. Arias' Central American peace plan was signed by regional leaders in 1987, and he was awarded the Nobel Peace Prize that year for his efforts.

In 1990, Rafael Calderón Fournier became president, 50 years after his reformist father had taken the leadership of the country. Baker (2002) claims that "under the aegis of pressure form the World Bank and International Monetary Fund, Calderón has initiated a series of austerity measures aimed at redressing the country's huge deficit and national debt" (p. 3). Like many other Central American countries (Fusco, 1996; Safa, 1995), as Costa Rica enters the twenty-first century, it continues to face catastrophic economic restructuring, faltering agriculture and export manufacturing industries. National development strategies have not been able to adequately address way to pump dollars into the struggling economy (Baker, 2002; Helmuth, 2000; Neal, 1993).

And like many other Central American countries, Costa Rica is looking to international tourism to bring desperately needed foreign currency into its economy, which stagnated after world coffee priced plunged again in 1991. Banana production became the country's primary source of foreign currency in 1991, to be replaced by tourism in 1993. Baker (2002) claims that "Costa Rica is the world's fastest-growing destination for adventure and nature travel . . . and the government is relying on tourism dollars to help pull the country out of debt" (p. 3). Costa Rica is world-famous for its early commitment to sustainable ecotourism and preservation of the country's natural biodiversity, and the rainforest parks and wildlife preserves are considered its biggest tourist attractions. However, the government installed it first minister of tourism on the president's cabinet in 1990 and, shortly thereafter, began a policy of encouraging large-scale beach resort development.

Figure 3-1 Map of Costa Rica

Costa Rica and the Growth of Tourism

Costa Rica is a democratic republic geographically bordered to the north by Nicaragua and to the southeast by Panama. The land mass is 51,100 square kilometers (19,929 square miles) of coastal plains separated by a chain of volcanic mountains that runs the length of the country (Rachowiecki and Thompson, 2000; World Factbook, 2001). Costa Rica is bordered on the northeast by the Caribbean Sea, and on the southwest by the Pacific Ocean. With a land area slightly smaller than West Virginia, the population is estimated at 3.7 million and has a growth rate of 2% (World Factbook, 2001). The largest urban center is the capital city of San José, which has a population 280 thousand (Murphy, 1999; Rachowiecki and Thompson, 2000; World Factbook, 2001).

Renowned in Central America for its political stability, Costa Rica has achieved a relatively high standard of living, high literacy rates (estimated at 95%), widespread land ownership, low levels of poverty, and life expectancy estimated at approximately seventy-six years (Rachowiecki and Thompson, 2000; World Factbook, 2001). According to the CIA World Factbook (2001), the people of Costa Rica are overwhelmingly of Spanish descent (96%), with a small minority of African, Chinese or indigenous descent (4%). Eighty-five percent of Costa Ricans identify themselves as Roman Catholic, while fourteen percent identify themselves as Evangelical Protestants.

In recent history, Costa Rica has been an exporter of coffee, bananas, and sugar. But the country now considers tourism to be the panacea to staggering national debt. Baker claims the country is facing a crisis regarding tourism and growth, and while,

> as yet there are no Acapulcos or Cancuns scarring the coast with their endless discos and concrete beachfronts and vast high-rise condominiums: Costa Rica's progressive conservationist tradition and dedication to development with a genteel face have helped keep rapacious developers at bay . . .

> [although] the nation's law setting aside its beaches as surfside parks for the people is being eroded.
>
> And although Luis Manuel Chacón, the country's first and current minister of tourism, recently vowed to allow no buildings 'taller than a palm tree' to blight the fabulous beaches, mega-resort complexes are beginning to rise along the jungled shoreline. (Baker 2002:3)

Tourism is the country's most rapidly expanding industry. Most tourism development is concentrated along Costa Rica's 1,290 kilometers of coastline. Natural attractions include active volcanoes, large tracts of tropical rainforests, and surfing and fishing along the two coastlines, which are principal draws for tourists visiting Costa Rica. Rachowiecki and Thompson report that,

> during the early 1990s, tourism experienced an unprecedented boom in Costa Rica. Numbers of foreign tourists visiting the area rose from 376,000 in 1989 to about 940,000 at present. The annual value of revenues from tourism soon rose to over US$500 million, making tourism the single most important earner of foreign currency over traditional banana and coffee exports from 1993 to 1997. (Rachowiecki and Thompson 2000:29)

While the dry season (December to April) is considered high tourist season, the rainy season (May to November) brings an influx of young, budget-minded tourists to the country. Yet there is much consternation and debate among tourism experts and those who are ecologically minded and hope to preserve Costa Rica's astounding biodiversity. While ecotourism remains the primary attraction for visitors to the country, others want to encourage low-budget mass tourism through development of beach resort that will attract visitors who now go to Mexico and the Caribbean.

The International Monetary Fund (1998) reports that tourist arrivals to Costa Rica during 1996 came to over one million visitors, of which over 250,000 came from the United States, almost 130,000 arrived from Europe, and over 36,000 from Canada (p. 84). In 1996, international tourists stayed an average of ten days in the country, and spent

the equivalent of $86 in U. S. dollars each night (IMF, 1998). The IMF found that the 1997 estimated income generated by tourist activity in Costa Rica was reported to be over 730 million in U. S. dollars (IMF, 1998).

According to a report from SITCA, the offices of the Secretariat of Central American Tourist Integration (1997), Europeans prefer to visit Guatemala while North Americans prefer to visit Costa Rica. Among international tourists that visited Costa Rica in 1996, over forty-two percent arrived from North America, primarily from the United States. Over thirty percent arrived from Central America, many from Nicaragua, and almost seventeen percent had traveled from Europe, primarily from Germany.

Costa Rica: Tourism, Sexual Constructs and HIV Implications

In comparison to Africa and Asia, Latin America has significantly fewer cases of HIV/AIDS. However, as the epidemic in Latin American shifts to heterosexual transmission and the populations affected become increasingly younger, there is cause for concern (Schifter and Madrigal, 2000). According to Schifter and Madrigal,

> the epidemic is becoming the most common cause of death for people between twenty-five and forty years of age. Given the fact that a lapse as long as ten years occurs between infection and the onset of the disease, many were infected in their teens. In Honduras, with more than 50 percent of the Central American AIDS cases, 20 percent of the people living with AIDS are in the fifteen to twenty-four age range. (Schifter and Madrigal 2000:1)

Health behaviorists are increasingly acknowledging HIV transmission can best be halted if we understand not only the epidemiology of the virus but the social context in which HIV transmission occurs (Farmer, 1999; Kelly, 1995; Singer, 1994). Medical anthropology's approach to sexual risk recognizes that the behaviors must be understood in socio-cultural context to develop more effective HIV preventions (Page and Trotter, 1999; Singer, 1999; Sobo, 1995).

The United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) report that there are an estimated 11,000 adults (defined as those between the ages of fifteen and forty-nine years) and children living with HIV/AIDS at the end of 2001 in Costa Rica (UNAIDS/WHO, 2002, p. 2). While AIDS cases as identified by mode of transmission are not well documented in Costa Rica before 1997, heterosexual transmission reported from this period (prior to 1997) through the year 2000 are estimated at just over 24 percent. Among males, heterosexual transmission is estimated to have occurred in 15.6 percent of cases, while an estimated 85.3 percent of females acquired AIDS through heterosexual contact (UNAIDS/WHO, 2002, p. 6). Based on interpretations of data collected at various HIV surveillance sites, UNAIDS/WHO reports that HIV prevalence is concentrated in urban areas of the central valley, especially in the cities of San José and Puntarenas (UNAIDS/WHO, 2002, p. 5).

Costa Rica's well-organized and highly accessible health-care system, which has always enjoyed high priority and ample funding, may be facing cutbacks. The health care infrastructure has been threatened by recent economic crises, especially those of the last ten years. In addition, Costa Rica has been forced to widen its doors to international tourists as agricultural exports have dropped in world value. As a consequence, tourism has surpassed agriculture production and is currently the number one source of revenue.

The Costa Rica government recognizes that HIV transmission rates are slowly rising and this is only expected to accelerate as increasing number of international tourists' visit the country. Costa Rica has a relatively small prevalence of HIV/AIDS, with approximately 11,000 cases of HIV/AIDS infected individuals reported among a population of almost four million (UNAIDS/WHO, 2002). Costa Rica's low HIV/AIDs

infection rate stands in contrast to many of the country's Central American and Caribbean neighbors. Costa Rica is reported to have an HIV adult prevalence rate of .54 percent compared to Belize, which has a population of 255,000 and is reported to have an HIV adult prevalence rate of 2.01 percent (World Fact Book, 2002). Honduras, which has a population of 6.4 million, has an HIV adult prevalence rate of 1.92 percent (World Fact Book, 2002).

The role of tourism in the spread of HIV is virtually unknown to most Costa Ricans, though WHO officials are concerned that increased international tourism is linked to a rise in HIV transmission. Along with tourism, there has been an increase in organized sex work, possibly affecting the rates of HIV/AIDS. While UNAIDS/WHO statistics on condom availability in Costa Rica are not cited in the 2002 report, at the field site condoms were sold at the checkout counter of the largest supermarket as well as being available in the two pharmacies in town. This seems noteworthy in light of the fact that over ninety percent of Costa Ricans identify themselves as Roman Catholic and Church doctrine prohibits condom use.

Another important link to HIV transmission is Cost Rica's growing numbers of adolescents. Like other industrializing nation, Costa Rica is experiencing a downward demographic shift in average age of the population. As of 1999 "one Tico out of five is between ten and nineteen years old" (Biesanz, Biesanz and Biesanz, 1999, p. 178). The authors claim that the HIV/AIDS epidemic and rising rates of teenage pregnancies has increased awareness of the need for better sex education targeting adolescents. However, most Costa Ricans "still learn about sex 'in the street' [and] most young Ticos use no contraception during their first intercourse, which now usually occurs, for both sexes,

long before marriage – typically at about age fifteen for boys and sixteen for girls" (Biesanz, Biesanz and Biesanz, 1999, pp. 181-182).

Sexual Orientation and Gender Roles in Costa Rica

Schifter and Madrigal (2000) analyzed gender discourses within Costa Rican society as part of a larger study on the social construction of Latino sexuality among youths. They found that there are two such discourses principal to understanding the sexual culture of the country. These are sexual orientation and gender role conformity. Schifter and Madrigal claim that the,

> [sexual orientation] seeks to ensure that women and men 'complement' one another by positing heterosexuality as the only legitimate expression of sexuality, while [gender role conformity] provided individuals with norms for how they should act, feel, and express themselves. Needless to say, men as a group derive significant benefit from the gender system; they also help to sustain it, through their monopolization of the country's political, social, and economic resources. (Schifter and Madrigal 2000:47)

Gender role conformity and sexual orientation are important to understanding how many Costa Ricans typically frame ideologies of appropriate feminine and masculine behaviors. Yet such discourses are also dynamic and malleable. Schifter and Madrigal (2000) found that "the bases of the existing gender order are negotiated on a daily basis by Costa Rican youth, who reshape it through their own interventions just as it reshapes them" (p. 47) even as the existing gender order displays resiliency.

They identified three major factors relevant to the country's contemporary sexual culture, including Christianity (most notably the Roman Catholic Church), availability of female contraception (most notably the oral contraception known as the Pill), and the ideology of *machismo*. Christianity, in the form of Spanish Catholicism, came to the country almost immediately upon colonial conquest. For centuries, the Roman Catholic

Church and the Spanish Crown worked symbiotically to govern Costa Rica, and today the Catholic Church is "considered the basis of Costa Rican society's beliefs, policies, and practices" (Frank, 2000, p. 26).

While guaranteeing the right to freedom of religious expression, the 1949 constitution made Roman Catholicism the country's national religion, yet many contemporary Costa Ricans are "generally more relaxed about religious practices than their Central American counterparts" and less than twenty percent attend mass regularly (Frank, 2000, p. 26). Despite a strong Catholic heritage, divorce was legalized in 1974, a decade which also introduced oral contraception to the majority of Costa Rica's female population.

The governmental decision to widen the availability of female contraception took place in the 1970s amid a growing concern that high birth rates and "families of ten or more children were no longer appropriate in a country that was attempting to abandon its agricultural past in favor of an industrialized, urbanized future" (Schifter and Madrigal, 2000, p. 97). Health clinics and hospitals across the country encouraged women to come into their establishments for birth control. The result is that these venues brought women together socially in a new way, and encouraged sexual health communication between lay women as well as between women and health practitioners.

At the same time, oral contraceptives were beginning to supply women with a degree of control over their reproductive lives that had been unknown prior to the governmental mandate. Schifter and Madrigal (2000) hold that "for the first time in Costa Rican history, women had a tool to redefine motherhood and gender expectations and were doing so with others in the context of the consciousness-raising process taking place in the clinic waiting rooms" (p. 97). While cautioning that the effect of oral contraceptives on sexual

discourses in Costa Rica should not be over-stated, Schifter and Madrigal (2000) suggest that the Pill gave women a degree of autonomy over their sexual selves that shaped the traditional gender structure of the country.

While the availability of female contraception has had a liberalizing affect on Costa Rican sexual discourses, *machismo* is deeply woven into the fabric of the country's cultural heritage. According to Schifter and Madrigal:

> patriarchy is so firmly entrenched in the West that most people take it for granted. However, this does not alter the fact that it is a gender-based system of domination, whose existence directly benefits men at the same time that it exploits and demeans women.
>
> In the relatively underdeveloped countries of Latin America, patriarchal social relations are more in evidence than they are in Europe or North America, where women have been more successful in countering gender discrimination in their daily lives. Costa Rican women, for example, continue to be treated as second-class citizens, the victims of a culture of 'machismo' that denigrates the 'feminine' while celebrating all things 'masculine.' (Schifter and Madrigal 2000:93)

Frank (2000) holds that the definition of *machismo* can be summed up as "the idea that men are superior to women" (p. 23) and consequently, should receive privileges in society in politics, culture, and everyday life that are not accorded to women at the same level. According to Biesanz, Biesanz and Biesanz (1999), sexual aggression of men towards women in the form of verbal or physical abuse persists in Costa Rican society due to machismo. They claim, "many Costa Ricans now acknowledge that their self-image as a peaceful people does not apply to domestic relations" (Biesanz, Biesanz and Biesanz, 1999, p. 190).

An illustration of this point is offered by the authors, who hold that within Costa Rican culture there is a general belief that domestic violence is private and should be addressed within the family. In terms of who is responsible for domestic violence, for

example, the researchers reported to find that many Ticos believe that "the aggressor will stop if the victim changes her ways" (Biesanz, Biesanz and Biesanz, 1999, p. 190).

While the family is a central structure of Costa Rican society (Frank, 2000; Helmuth, 2000; Schifter and Madrigal, 2000), changing family patterns also reflect changing sexual discourses. However, as Helmuth (2000) makes clear, "in this traditionally conservative culture, men have been granted a much greater degree of freedom in career choices, travel, living arrangements, and general life choices" (p. 63). In the following pages, I will discuss how the degree of freedom of choice awarded Tico men is play out in terms of the gendered construction of relations between male Costa Ricans and tourist women.

The Research Site: Jacó, Costa Rica

The capital city of San José is located in Costa Rica's central valley, where most of the population lives. It is also the location of the Juan Santamaria International Airport. About two hours from the International Airport is the small beach resort town of Jacó. From San José, the town is a scenic and winding bus drive from the General Cañas (Inter-American) Highway to the south on highway 239 through Atenas and Orotina to the Coastal Highway that lead into Jacó. The town is set just off the Coastal Highway, which lines both sides of the main drag, *Pastor Diaz Avenida*, and parallel to the beachfront.

Close proximity to the capital has made Jacó a popular beach destination for many Costa Rican as well as international tourists, especially budget-minded surfers and vacationing students. Located on the Central Pacific Coast, Jacó has a population of 4,000 and relies on income generated from tourists arriving to surf or sunbathe along the 4.5 kilometers of Playa Jacó beachfront. Large waves make Playa Jacó one of the most popular beaches in the country, but strong rip currents can also make swimming

hazardous. While one lifeguard keeps an eye on the whole beach, those who ignore his warnings may risk their lives. In fact, during two months of fieldwork, two non-local Costa Ricans drowned in the rough currents of Playa Jacó.

While Jacó is relatively small and undeveloped, it has many tourist amenities, including shops, banks, a post office, numerous restaurants and bars, two discos, three casinos, hotels and apartments, a large grocery store and three internet cafes. It offers two local canopy tours, sport fishing and day sailing tours, car and bike rentals, horse or hiking tours along the beach or in the rainforest, and guided day-trip excursions. A few miles outside of Jacó is Playa Hermosa, famous for its consistent world-class surfing. An hour south of Jacó is perhaps Costa Rica's most popular ecological attraction, the *Parque Nacional Manuel Antonio*. The northwestern region draws tourist to the *Parque Nacional Volcan Arenal* to view the live volcanic activity of the Arenal.

Jacó is a primary destination of budget tourists seeking nice beaches and good surfing. This beach resort town is a convenient entry point into the country since it is an easy two-hour tour bus ride from the San José airport. Jacó was selected as the field site on the recommendation of numerous travel books and websites, as well as the first-person recommendations of tourists who had traveled throughout Costa Rica. These sources identified Jacó as a good location from which to recruit women travelers for the study. According to one web site, someone looking for "package holiday tourists and those keen to party hard" (www.discovery.com 2001, p. 1) would find them in Jacó.

This beach town is relatively undeveloped in comparison to such high-volume Caribbean tourist destinations as Cancun, Mexico, yet that is also what makes it attractive to many visitors. Tourists can find many of the amenities they desire, *al fresco* dining,

gambling venues, drinking establishments and dance clubs, as well as two language schools and venues for beach and rainforest activities. Choices in accommodations ranging from $2 per night (in U. S. dollars) at budget camping facilities to upwards of $100 per night (in U. S. dollars) at the numerous luxury hotels sprinkled in and around the mountains of Jacó and Playa Hermosa.

Jacó is predominantly Hispanic, and many of the people who live in the town grew up in the area. Young men who work for tree canopy tours (also known as zip-line tours) are usually Ticos from the Caribbean coastal region of Limón. In recent years, deteriorating economic conditions in countries such as Argentina, Colombia, and Nicaragua have brought an influx of migrants of all ages, and both single people and entire families.

Many of these younger men and women become street artisans, in addition to women engaged in sex work. Expatriates from the United States, Canada, Central America, and Europe with start-up capital come to Jacó to open small businesses that service ever-increasing numbers of tourists. These include such businesses as restaurants, tour operations, tattoo shops, and upscale souvenir stores. Jacó also had a number of American and Canadian older expatriates who chose to retire to the Central American country because of offers a lower cost of living and an excellent health care system.

Romance Tourism and Sex Work in Jacó

Female prostitution is legal in Costa Rica for women over the age of eighteen, and female sex workers are officially required to register and undergo regular medical checkups, though this is not strictly enforced (Rachowiecki and Thompson, 2000). While a strip club operated just outside of the town of Jacó, I did not identify an organized brothel system such as observed in Orange Walk, Belize (Ragsdale and Anders, 1999).

According to informants, local freelance sex workers (known as *chicas trabajas* or "working girls") who service the tourist sector operate from small casinos and dance clubs, such as *Disco Estrella,* are primarily Colombian. In slower periods chicas trabajas may seek clients along Pastor Diaz Avenida, also called the *Avenida Principal*. Neither dress nor actions easily identified these women as sex workers, for Jacó's beach town atmosphere lends itself to more body-conscious clothing. While chicas trabajas may dress slightly more provocatively than local young women, fairly scanty "beachy wear is perfectly acceptable" for everyone, according to a local resident.

During the first week of fieldwork, an Argentinean surfer, Dominic told me it is common for local Jacó young women to work in *Disco Estrella* as prostitutes with the ready consent of their families. According to Dominic, these women are known as *jacóperras* (Jacó dogs). I told Dominic that such a permissive attitude was not consistent with my research experiences with Hispanic culture, or with sex work research with which I was familiar except, perhaps, the *jiniteras* in Cuba, though jiniteras and their families do not consider what they do as sex work (Fusco, 1996).

I found out more about the meaning of jacóperras through Danny, a North American who has lived in Jacó periodically for more than two years. During a group conversation one evening, someone mentioned drinking a *jacóperra* (an alcoholic beverage) and I asked Danny about the origin and meaning of the name. Danny said the term is used to describe young women who are sex workers in Jacó, but that these women are not natives of the area. Danny said he has had many casual conversations with such women, who are primarily from Colombia and are very open about the nature of their work.

Mark, a surfer from the southwestern United States who has lived in Jacó for three months, told me that he was initially unaware that there were many non-local women engaging in sex work in the town. He said that over time he has learned that when he wants to strike up a conversation with young woman, he must first find out whether she "is a local girl" (i.e. not a sex worker). Mark said he now knows to ask, "are you working?" before becoming to involved in a conversation. According to Mark, "if the girl says yes I know she's a prostitute." Danny, who dates a local Jacó woman, said:

> it's easy to figure out if a girl's a prostitute by asking her where she works. If she has a regular job at a shop, restaurant, or some other business, then it's cool" (i.e. she is not a sex worker).

When I interviewed European expatriate and Jacó business owner, Edgar, he told me that jacóperras are not sex workers, per se, nor are they usually local girls. Rather, they are "*muchachas* from other parts of Costa Rica" living in Jacó who are "easy to get to bed." Edgar continued,

> everybody knows the ones – you take her out to dinner, or buy her some drinks, and later (he makes a swiping gesture of one hand across the other) you go to fuck. Next day you see her, you say, "What is your name?" You don't remember she's that kind of girl.

In addition to Colombian sex workers who live in the town, San José escort services provide sex workers for male tourists who want a companion for an extended time while visiting Jacó. These sex workers are more easily identifiable than sex workers who live in Jacó, for they dress more provocatively than is culturally appropriate even by the fairly informal standards of this beach resort. On the weekends, it was not unusual to observe numerous couples that included a sunburned, middle-aged, English-speaking white male and an extravagantly dressed brown-skinned, twenty-something female.

Tourist women can also be discernable from local women by their adherence to a particular dress code. In Jacó it is culturally appropriate for a woman to cover her bathing suit top and bottom once she exits the beach. However, while most tourist women donned a skirt or shorts, many forego a shirt to cover their bathing suit tops when strolling along Avenida Pastor Diaz. This practice clearly marks tourist women as non-locals and outsiders to Jacó, as it simultaneously perpetuated itself through reinforcing the behavior as normative for, and among, tourist women.

Some tourist men also forego shirts after exiting the beach, though this seems to cause less consternation than when tourist women exhibit the same behavior of exposing their bodies at culturally inappropriate venues. While local residents do not necessarily approve of gringos who adopt a too casual "no shoes, no shirt" dress code, it was not publicly discouraged to the extent that a shirtless tourist would receive "no service" because of dress.

Social Interactions and Other Aspects of Jacó Life

Bilingualism as well as the Costa Rican's belief in the cultural desirability of tranquilo social exchanges facilitates interactions between gringos and local Costa Ricans. According to Rachowiecki and Thompson (2000) "in all situations, politeness is a valued habit" and conducting yourself "in an agreeable and friendly manner. . .has become a hallmark of tico culture" (Rachowiecki and Thompson, 2000, p. 34).

The Jacó greeting of *pura vida* (pure life), was one of the first phrases I began to hear regularly among locals after arrival in the town. While not described in either of the reference and guidebook used during my trip, it is closely akin to Rachowiecki and Thompson's (2000) description of the Costa Rican concept of *tranquilo*. However,

Helmuth (2000) does reference the term, claiming that "*pura vida*. . .has become the trademark response to the question *¿Quihubo?* (What's up?), and reflects a very Costa Rican perspective [that] 'all is well, life is good, I am content' " (p. 65). In Jacó, the greeting of *pura vida* was often employed by the local street artisans and surfers that frequented Paola's Pan each morning, though I did not hear mature adults use the phrase.

While Spanish is the official language of the country, a basic command of spoken English is notable but not exceptional for many Costa Ricans living and working in Jacó. For example, some chicos speak a minimum of English in addition to their native Spanish, especially those who work for tour guide operations. However, fluent bilingualism is far from common.

In addition, many European and American tourists come to Costa Rica to improve their Spanish-speaking skills. Jacó hosts two language schools, City Playa Language Institute and *Escuela del Mundo*, which makes it attractive to many young people wanting to practice their Spanish language skills both in a classroom setting, and through social immersion in the local culture. Just as language skills can facilitate social interactions, the lack thereof can also act as a bridge between individuals. Local Jacó men often act as cultural and linguistic brokers for tourist women, and such social interactions can facilitate the kind of intimacy that may lead to romantic encounters.

Levels of intimacy between tourists and locals in Jacó are not always romantic in nature, despite their dependence on the social circumstances that bring different groups of people together. An economic encounter between a *panaderia* owner and a tourist may be polite and tranquilo, yet formal during initial transactions. But when the same tourist visits the bakery every morning for coffee, and again in the afternoon for a *refresco* (cold

drink), the relationship between the tourist and the panaderia owner may change as the length of the social interaction increases over time.

Such was my experience in Jacó, for at *Paola's Pan* I found both a spot to strike up conversations with tourist women over coffee or cokes, and a key local informant who became an important cultural broker. Paola was born and raised in Jacó, and has lived there most of her 28 years. She attended one year of college in San José and lived a year abroad with her husband's family during the first year of their marriage. Harsh economic conditions forced the couple to migrated back to Jacó in the hope of improving their life. With a small amount of seed money from her *abuelo*, Paola and her husband opened their bakery a few months before my arrival in Jacó. Paola became an invaluable source of information, for she not only new practically every resident of Jacó, she also was an astute observer of social conditions in the town of approximately 4,000 people. As our friendship grew, Paola entrusted me with watching her 1-year-old and enlisted me in helping out with bakery sales to gringos on busy days.

A primary way that Spanish cultural expression is manifested among young people in Jacó is in the music and dance of contemporary salsa. An interesting cultural difference in locals and tourists emerged around the beautiful yet difficult–to–master dance moves of salsa. While many male tourist informants found salsa too complicated and intimidating, female tourist often found that one of the highlights of their travels to Costa Rica centered around practicing their salsa moves with a patient and skilled dance partner. In Jacó, the dance floor is a place where sexual play and partner changing are permissible. It is also a place that facilitates intimate physical contact and opportunities to flirt. As an informant once said, "the dance floor is where you find out who you are going

to take home tonight" (Ragsdale, 2000). And often, the socialization involved in dance floor interactions was well lubricated with high levels of alcohol consumption by the time the disco announced last call.

Observed alcohol consumption during these interactions appeared to be extremely high. There is a deeply entrenched drinking/party culture in Jacó. A frequent topic of conversation among local men was the discussion of how much alcohol one consumed the previous night and how bad was one's current hangover. Time and again, respondents said they drank so much because there was little else to do in Jacó once the sun has gone down. The association established in the literature between heavy drinking and unsafe sexual behaviors was often commented on by tourist women as well locals. Many were aware that alcohol consumption sometimes lowered their inhibitions, thereby allowing a person to engage in behaviors she or he would otherwise likely have avoided.

Gringas and Dudes: Naming Systems in Jacó

The local young men I encountered in Jacó use numerous self-referential names, including *Ticos*, which is mentioned in guidebooks as a derivative of the country's name (Murphy, 1999; Rachowiecki and Thompson, 2000). More commonly, they refer to each other as *chicos*, which translates as the English equivalent of *guys*. The terms *muchachos* and *amigos* are used less often, though use of the English word *friend* is common, as in the greeting, "What's up, friend?" delivered with a "high-five" slap of the hands. Chicos also refer to themselves in more global terms, including the English words *surfers, dudes*, and *players*. These latter terms may act to obscure the socio-economic boundaries between chicos and young international travelers who come to Jacó from Latin America, the United States, Canada, and countries as distant as Israel, Japan and Switzerland.

Jacóperro (Jacó dog) is a derogatory term applied to a chico who has acquired a reputation for being sexually promiscuous and/or publicly rude to touristas with whom he has had sexual relations. A chico categorized as respectful and decent by the townspeople of Jacó will avoid this negative label. A local girl who consorted with tourist men on a regular basis risked the social stigma of becoming known as a *jacóperra* (also the name of a potent alcoholic drink touted to tourists) and as *bitchi*, sexually promiscuous and unworthy of respect in the community.

North America male tourists are usually referred to as *touristos*, *gringos* or *blancos*, and none of these terms is considered derogatory in Jacó. Chico and dude are also often used interchangeably for local and tourist young men. North America female tourists are usually referred to as *touristas*, *gringas* or *blancas*, or, alternatively, as *blondis* (regardless of their hair color). Again, none of these terms is considered derogatory in Jacó. Less commonly, chicos refer to female tourists in the third-person as *barbis* (as in "barbie dolls"), yet this term is considered overtly sexual and, therefore, slightly impolite in Jacó. *Chica, girl,* and *muchacha* are used interchangeably for both local and tourist young women. For purposes of this study, I use chicos in reference to local men, touristas in reference to female tourists, and players in reference to local men who are intent on, as Eduardo put it, *"conquista una chica."* See Appendix D for more definitions.

Women's Travel Styles: From Explorers to Mass Tourists

Drawing on Smith (1989) and Graburn (1989), I have organized participants' motivations for travel into categories based on my interpretation of interview responses. I will first address Smith's (1989) organizational system, and then Graburn's (1989) as they can be applied to the present study. As discussed at length in Chapter One, Smith

(1989) developed a tourist typology that accounts for differences in number of tourists and willingness to adapt to local conditions. Following Smith (1989), I identified five types of tourists at the field site: Explorers, Elites, Off-Beat, Unusual, and Mass tourists.

Explorers, who are rare, seek-out and are fully adaptable to the most rustic or physically challenging local conditions. Elite tourists, who are few in numbers, are easily adaptable to local conditions. Off-beat tourists are slightly more common, adapt well, and tend to avoid places that attract large tourist crowds. Many young budget-minded backpackers fall into the Explorer, Elite, or Off-beat tourist category. Unusual tourists are relatively common and are identified by their desire for an "authentic" travel experience that is contained within a relatively safe environment. Mass tourists travel in large groups, often on chartered or guided tours, to popular vacation destinations where they expect to find western amenities and a bilingual hotel staff. Mass tourists are exemplified by college spring breakers on package tours heading to such venues as Cancun, Mexico or Daytona Beach, Florida.

Euro-American Tanny was an Explorer tourista, having journeyed in rugged backpack fashion during three months of solo travel throughout Central America. Tanny often camped as she traveled and, just prior to our meeting, had lived for a month in a rustic one-room cabina by the ocean in a sparsely populated area of Playa Tamarindo, Costa Rica. Asian American Dawn could be classified as an Elite tourista, for her wide-ranging backpacking experiences in Asia, Europe, and Central America had made her very adaptable to local conditions. Euro-American Becca was an Off-beat tourista who tended to seek companionship among like-minded backpackers and surfers and sought accommodations at budget cabinas or "crashed" with people she met as she traveled.

In contrast, Mikki's masses of dreadlocked blonde hair and bohemian style of dress might have initially lead one to classify her as an Explorer or Off-beat tourista, was an Unusual tourista based on her choice of a relatively safe environment in which to vacation. Having spent the previous month in another area of Costa Rica engaged in volunteer work, Mikki was treating, and challenging herself, to her first solo travel experience. Her dreadlocked hair may have signaled Mikki's ideological intention to recapture a more primitive or essential self (Hooks, 1992) on this Euro-American's two-week vacation. Yet this Unusual tourista chose her "return to paradise" to include lodgings at the clean, relatively expensive and pleasant *Cabinas Santimar* in Jacó.

Euro-American Tiffany was a Mass tourista intent on "partying hard" as an integral part of her vacation experience. During our acquaintanceship, Tiffany's heavy drinking and numerous casual sexual encounters had begun to cause her two travel companions much worry. A night of heavy drinking had culminated in Tiffany having sex with a male tourist in the one-room cabina the three women shared while her travel companions feigned sleep. Upset and embarrassed, her friends distanced themselves socially by moving out of the cabina the next day, yet tried to remain supportive by urging Tiffany to drink less and reduce her numerous casual sex encounters.

Women's Travel Expectations: From Questers to Party Girls

Drawing on Graburn (1989), the women travelers I interviewed can also be categorized into four general groups based on their individual vacation goals and how they processed their experience. I have organized respondent's desired vacation outcomes into four categories that include Questers, Pragmatists, Laissez-faires, and Party Girls. Tanny approached her international travel as a sacred journey or quest (Graburn, 1989).

She spoke about how her travel experiences afforded her the opportunity for intellectual and spiritual self-exploration within the context of different cultural, linguistic, and physically challenging environments. She planned to use her travel experiences as inspiration for writing when she returned home to Canada.

For Tanny, her friendship with Juan had brought her powerfully face-to-face with "the difference between First World and Third World." These were concepts she had studied in college but had never witnessed on a first-person basis. As their relationship became more romantic and sexual, Tanny had to reconcile "palpable feeling of discomfort" about her position of socio-economic privilege vis-à-vis Juan's position.

Euro-Americans Becca and Mikki shared similarities in that their journey to Costa Rica brought them to new places of introspection. More through her observations of others than through her first-person experiences, Becca was compelled to re-evaluate her internalized yet hitherto unrecognized sexual values. In contrast, meeting and becoming romantically involved with street artisan, Fabrecio, caused Mikki to re-evaluate her compliance with her parents' desire for Mikki to return to college, as well as the depth of her commitment to her long-term boyfriend in the United States.

Dawn, who had extensive international backpacking experience, approached travel in a very pragmatic way. Among my sample, such women often were traveling for a month or more as they backpacked from place to place. Her discussion of differences in travel styles is reflective of Smith (1989), even as she discusses tourist males in particular:

> I've found that men who are more serious backpackers, who are more interested in the culture, history, people, environment of Central America, seem to be more respectful, less sexually aggressive . . . they tend to have a longer duration of stay (1 month+), and less luxuries (hoofing it v. rental car). All these men have been positive about the idea of a single woman travelling and supportive and informative.

> The tourist men who are more "touristy" with shorter durations of stay (~1 week) and who stay in party towns . . . may be more interested in having a good time, like why one would go to Cancun or Puerto Vallarta, Mexico . . . are slightly more aggressive . . . but I wouldn't say that it is any different from a bar scene/meat market in the states.

In fact, Dawn saw little difference between the behavior of gringos and ticos:

> Local men are more straightforward and sexually aggressive. . .towards women in general, but I never have felt threatened or in danger in an uncontrollable situation. Most men who are locals haven't overcapitalized any more than an aggressive tourist and, besides from comments/hisses, are not more than annoyances.

Many women I spoke with undertook international travel without a clear agenda, and I call them the Laissez-faire touristas. For these women, "whatever happens, happens" encapsulates their happy-go-lucky approach to their vacation experience. Perhaps the majority of women interviewed, this group primarily wanted to "experience" their vacation rather than indulge in Questers' intellectual processing of the event. Though Laissez-faire touristas may not explicitly seek sexual encounters, they do not necessarily rule them out. Travel holds the promise of fun and exciting experiences of all kinds, including potential for romantic involvement, yet such romantic liaisons may not also culminate in sexual activity.

Party Girls, the fourth group of women in the present study, verbally and/or non-verbally expressed their interest in opportunistic sexual experiences as part of their travel itinerary. Their intentions could be explicitly voiced, as in the 9% (n=127) of survey respondents who stated their intent to have sex as part of their vacation agendas. Like many other Party Girls, Tiffany signaled her sexual availability through nonverbal cues including provocative attire (relative to the socially acceptable norm for women) as well as high levels of public alcohol consumption.

Peer Recognition Among Chicos in Jacó

Economically marginalized young men in Jacó have alternative routes to status and power through the opportunities offered in the tourist sector, both in terms of job opportunities, and more indirect peer rewards attached to public displays of 'player' prowess and ability to attract good-looking touristas. In her discussion of Barbadian men and the white female tourists they court, Philips states that gender and economic power are important factors in the construction of vacation relationships. According to Philips:

> beach hustling provides the forum for the young black male to successfully test the limits of cultural masculinity. He uses cultural constructions to his economic advantage in his liaisons with women tourist . . . The white female, with her foreign income power, adventurism, and race, assumes a hegemonic gender power in Barbadian society denied to the local Barbadian women. Her encounters with the beach hustlers represent an opportunity to test out this hegemonic dominance under balmy skies. (Phillips 1999:196)

Among many of the working class young men observed in Jacó the demonstration of sexual prowess is also important as a way to gain status and peer recognition. Similarly, the gender constructs of Hispanic culture in Jacó subscribe to the expectation that a respectable man will contribute to the relationship with gifts or cash as a signal of his seriousness and commitment. Yet this is beyond the abilities of many of the marginalized young men who work in tourism.

As Philips (1999) observed among Barbadian beach hustlers, "the white women does not threaten his masculinity by demanding symbols not constructed as part of his cultural masculine role, e.g. money demands that are so much a part of his relationship with local women" (p. 197). This makes her an appealing temporary partner, but also may exclude him from more permanent relationships with local women. Philips notes that Barbadian

women usually refused to engage in relationships with men that they perceived as beach hustlers engaged in courting white women.

In Jacó, the line that separates a player from a non-player can be discussed in terms of community acceptance, which is fluid rather than static, and may be understood in terms of the level of development of the "player" system there. In contrast to the well-established Jamaican "rent-a-dread" system of female tourist-oriented sex work (Campbell et al., 1999), or the less well-developed Barbadian "beach hustler" system (Phillips, 1999), I did not find evidence that the "player" system in Jacó has a sex-for-money component at present. Perhaps such female tourist-oriented sex work is so early in development that it is virtually undetectable. More extensive observations are required to produce a more definitive answer. However, given my observations, I would categorize the Jacó "player" system as romance tourism. In contrast to sex tourism, Pruitt and LaFont define romance tourism as a relationship,

> where the actors place emphasis on courtship rather than the exchange for money and sex. These liaisons are constructed through a discourse of romance and long-term relationship, an emotional involvement usually not present in sex tourism. (Pruitt and LaFont 1995:423)

Based on this definition, I argue that the Jacó "player" system as it exists today is best classified as romance tourism. Reflective of the relationships between *Otavaleños* and young, foreign women visiting Ecuador (Meisch, 1995), Jacó players seemed more interested in establishing sexual relationships with *blondis* that enhance their peer status than those that might capitalize on a tourista's economic resources.

When conducting observations at Jacó nightspots, I observed that a chico would be far more likely to purchase a drink for a tourista than to have a drink purchased for him by a female. In fact, when I asked Eduardo what he would think of a woman buying him

a drink, he thought it was not only unusual but also unfeminine. This may be an example of chicos being classified as "old-fashioned" by some touristas. While it may have gone unnoticed on a particularly busy night at the most popular bar in Jacó, I did not observe a single instance where a chico let his female companion pick up his tab. I observed that chicos "cruising" a club were highly mobile and circulated almost continuously through the crowd, stopping to chat with groups throughout the night. This may have facilitated the process of "hooking up" while making the purchase of drinks for others unnecessary.

Interplays between Race, Class and Gender

According to Philips (1999), "in a postcolonial society where race, color, and status are very much intertwined, and with society having a predilection to accord status based on color, being seen with a white automatically accords her black companion some status within the local society" (p. 198). The stark black/white racial distinctions apparent in Philips analysis of male beach hustling in Barbados is not neatly replicated in Jacó, where the vast majority of people are of mixed Hispanic descent. While Eduardo, Hernando, and a few other members of their cohort were markedly darker than many of their friends, racial stigma against them was not overtly observed. In fact, this group of young men was a microcosm of the various cream-to-dark-brown skin tones exhibited throughout Jacó.

Some of Eduardo's cohort claim Afro-Caribbean descent and migrated to Jacó from the Caribbean province of Puerto Limón, a place known to attract white female tourists who "want a black man," according to Dominic, a white male surfer from Argentina. This informant spoke scornfully of the mixed-race romantic liaisons between female tourists and male locals he witnessed while visiting Puerto Limón and Playa Tamarindo. Yet he was the only person who overtly expressed disapproval and racist attitudes.

Contemporary racial relations in Costa Rica are considered good in general. However, the country has had a history of racial apartheid and progress towards full equality has not kept pace with other social democratizing forces (Biesanz, Biesanz and Biesanz, 1999; Helmuth, 2000).

Helmuth (2000) holds that the "legacy of a racially based hierarchy—with lighter complexion bringing higher status—remains firmly in place, although white Costa Ricans are loath to admit this and certainly take issue with any charge of racism" (p. 19). According to Rachowiecki and Thompson, Puerto Limón has a unique socio-political history that included racial discrimination:

> about 35% of the inhabitants trace their ancestry mainly to the immigrant laborers from Jamaica who built the railways and worked the banana plantations in the late 1800s. As with other Caribbean blacks, many of them speak a lively dialect of English. They were actively discriminated against in the early 1900s, not even being allowed to spend the night in the highlands, but since the 1949 constitution they have legally had equal rights. (Rachowiecki and Thompson 2000:30-31)

Chicos from Puerto Limón favored hairstyles consisting of tiny dreadlocks (known locally as "locks" or "twists"), which highlighted and exoticized their Afro-Caribbean ancestry (Hooks, 1992; Pruitt and LaFont, 1995). According to Pruitt and LaFont (1995), "by elaborating on features from their gender repertoire, men articulate the women tourists' idealizations of local culture and masculinity" (p. 422). Whether knowingly or unknowingly, Eduardo and his cohort of brown-skinned, attractive and physically fit chicos, may have embodied the "promise of wildness, of unlimited physical prowess and . . .eroticism" (Hooks, 1992, p. 34) that some touristas found compelling.

While some chicos may have capitalized on exoticized expressions of masculinity as part of their repertoires to attract touristas, they did not overtly seek economic gains from

such liaisons as reported by Pruitt and LaFont (1995) in Jamaica or Phillips (1999) in Barbados. In the present study, chicos sex-seeking behaviors were more closely akin to that observed in the U.S. by Sobo. In a study of the relationships between black inner-city men and women, Sobo (1995) found that the lack of economic opportunity among men did not lend them to "generate sex for financial gain. Instead, it generates a culturally mediated dependence on favorable peer evaluation and a related tendency towards hyper-masculine behavior" (p. 77). These observations stand in contrast to Pruitt and LaFont's study of female tourist-oriented sex workers in Jamaica. Pruitt and LaFont (1995) found the interplay between race, socio-economic class, and gender pivotal to their analysis. According to Pruitt and LaFont,

> the disparity in economic status between partners . . . illuminates the links between economic status and dominance in gender relations and contradicts conventional notions of male hegemony. Power in these relationships is shifting and situational, playing off traditional gender repertoires, as well as the immediate circumstances of finance and cultural capital. (Pruitt and LaFont 1995:422)

While Phillips (1999), Dahles and Bras (1999), and Amber (1997) found similar conditions, the interplay of economics and power was weak at my field site. Part of the difference may be accounted for by the fact that other reports involved female tourists who were middle-aged professional women with high levels of discretionary income that they displayed in conspicuous consumption. In contrast, most social actors in Jacó tended to downplay the disparity in economic status between hosts and visitors.

This may be due to the fact that, as a resort town, Jacó is still relatively undeveloped and, therefore, has not experienced the social disruptions that can accompany a massive influx of tourists. It may also be that the time of year in which I was conducting research (low tourist season) happened to attract more economy-class tourists generally. Or Jacó

may primarily attract mostly young, budget-minded backpackers and surfers who do not have the economic resources of older adults regardless of the tourist season. This phenomenon may also be a combination of these and other unrecognized factors.

Young, budget travelers who are aware of their financial and cultural capital are often disturbed by the disparities they observe while vacationing in Central America. Some come to terms or justify such disparities by recognizing, in the words of Mikki, that they "have to leave paradise behind" and return to the drudgery of home responsibilities such as college or a job. According to Mikki's interpretation, locals "get to stay-on" in the paradise the tourista has found, thinks she has realized, or perhaps only created in her mind. Such beliefs may obfuscate the socio-economic privileges many tourists enjoy as it downplays the often involuntary, sometimes humiliating, and economically exploitative nature of service work in the "paradise" of a tourist enclave.

Women's Travel Experiences: Redefining the Sexual Self

The population of potential sex partners for tourist women visiting Jacó includes a core group of highly sexually active young men from the surrounding area, as well as a steady influx of international male tourists, many arriving to take advantage of the surf. The following stories from the field explore the various ways tourist women discussed and conceptualized their experiences.

In my third week of fieldwork I met Becca, a 29-year-old from the southwestern United States. She talked at length about the transformative aspects of her travel experience, and especially how travel was reshaping her sexual perceptions:

> I've been really interested in what happened to me here. I came with rigid ideas about sexuality—just in myself—that I didn't even know I had. Things are so much more open here. When I came here I just saw so many Americans on vacation in EVERY way. It was, "Party, get drunk, and have sex!"

> The friend I was traveling with was more open to the experiences here. In fact, I kinda saw her blossom sexually and that was really cool because she'd been kinda repressed before, but she's a lot more open than I am—I'm kinda shy—and whenever we'd go out to a bar there'd always be someone hitting on us.
>
> And maybe we'd talk for 20 minutes—JUST—and the guy would say, "Do you want to go have sex at my place?" which always surprised me. Seemed like a risk that I didn't want to take—that was local guys. Tourist guys usually aren't so aggressive. My girlfriend started taking chances—a lot like a guy looking for action. But she was always very safe. She kinda blossomed.

When asked, "what is the most surprising aspect of negotiating sexuality on this trip?" Becca described her perceptions this way:

> mostly just the casual attitude about it—that has been a big surprise for me. I was traveling by myself for about a week. I really enjoyed it. Ran into a few guys I'd know now and then who I'd met earlier, and it made me feel like if something happened I could call on them.
>
> Once I went out with a bunch of guys I knew to Reggae Night in Puerto Viejo and they left without me. A man asked me to dance and I didn't want to. He was really aggressive at first, demanding "yes or no?" Then I went outside and he started talking to me and he turned out to be really nice and we talked for a while. Then this other guy started talking to me and he was a traveler from Nigeria.
>
> I was tired and wanted to go home, then he was really aggressive and "No, no, no! Come down on the beach with me and talk just for 10 minutes, then you can go." But I wouldn't—finally he gave up.

Becca went on to discuss more sexuality issues her vacation experience had engendered:

> I met this 27-year-old American guy who has a little cabina on his land. He's good-looking, very fit. Has a steady stream of girls coming through to have sex with. All he does is surf and have sex. I was in his room and all it had was a bed, a few books, a full box of condoms and an empty box of condoms.
>
> The girlfriend I was traveling with hooked up with him once. The surf wasn't good so they went for a hike to this waterfall. On the way back the guy said, "I've got a condom in my pocket. Do you want to have sex?" So she did, and they hadn't even kissed or anything yet.
>
> One of the things that has really surprised me is that lots of travelers have this attitude that relationships back home don't count when you're on vacation. They just forget about their boyfriend or girlfriend back home—pretend it doesn't exist and just do whatever they want. I just don't understand how people can do that.

For Becca, it seemed that observations of other tourists' vacation behaviors had been the impetus for her acknowledgement that she may be more "rigid" towards casual sex than she had previously thought. However, they also affirmed her personal convictions regarding her disinterest in participation in casual sex encounters.

Exercising Power within Traditional Gender Repertoires

There is large and growing body of literature on the transformative power of women's travel experiences (Asberry 2002; MacMillan, 1996; Olds, 1985; Robinson, 1990; Tingling, 1989), yet many of my respondents did not always seem empowered, nor was this something they exercised across the board. In fact, when it came to sexual scripts, many women's voiced intentions did not translate into actions.

For example, Mikki is a 22-year-old college student from a southern coastal state visiting Jacó for two weeks. During her stay, Mikki became friends with Fabrecio, a 21-year-old street artisan originally from Venezuela. When she arrived in Costa Rica, Mikki considered herself to be in a steady relationship with James, a young man from her hometown. At the time of our interview, Mikki had not seen her boyfriend since he had left their hometown to do volunteer work in Honduras four months earlier. They had been able to communicate sporadically through e-mail (electronic mail) while he was away, but since her arrival in Costa Rica to do volunteer work, Mikki had been able to receive e-mail from James on only one occasion.

James was Mikki's only sexual partner until her relationship with Fabrecio. In reply to the survey query, "I would consider having sex w/someone met on vacation" Mikki responded, "I didn't consider it until I met someone that made me think differently." Later in the survey, in reply to the question, "How many sex partners have you had?"

Mikki responded, "one too many!" She told me that she had sex with Fabrecio only once, the night before she left Jacó to return to the United States.

While Mikki reported that it is "easy" to practice safer sex, she also reported that she participated in unsafe sex with Fabrecio, saying "we talked about condoms but neither had one so we went without." As numerous studies report, intentions do not always translate into practice, and this is even more problematic with emotionally charged situations of sexual intimacy. Mikki's words illustrate her desire to have open sexual communication on the one-hand, and on the other, her reluctance to discuss sexually intimate matters with her new sex partner:

> I wondered how many people Fabrecio had slept with but I didn't think I knew him well enough or that maybe it wasn't my place to ask him—yet I knew him well enough to share sex.

Mikki's experiences reflect the flux in sexual relationships that many young people experience during their teens and twenties that may put them at risk. She knew how HIV can be transmitted from person to person and had learned about condom use through multiple routes, including sex education classes, her local clinic, television, and her partner and friends. She had not intended to have sex abroad, to have extradyadic sex, or to have unsafe sex. Yet she did each of these thing while on vacation.

Mikki was not willing or able to have open communication with Fabrecio about his sexual history because she felt she didn't know him well enough, even though she was comfortable enough with the relationship that she was willing to share sex with Fabrecio. Mikki seemed to recognize the irony in her statement when she added, "yet I knew him well enough to share sex." When she shared these words with me, Mikki shook her head

form side to side and shrugged her shoulders in a way that communicated her quandary regarding her decision to participate in unsafe sex with Fabrecio.

Pruitt and LaFont (1995) have discussed the discourses of romance, courtship, and potential long-term relationship that imbue romance tourism. They claim that these romantic discourses abroad can subvert gendered power dynamics and empower women. I found that among my sample the romantic discourses utilized abroad often varied little from the discourses of romance women utilized at home. Responses to the question, "Have you met a traveler or local and began a relationship?" and "Are there particular problems with such a relationship?" highlight the difficulties of negotiating romantic relationships across cultural barriers. The themes often included issues of trust, both emotionally trusting your partner, and trusting that he would be monogamous. Some typical answers include:

> 001: I was a little worried about getting involved with someone here. But once I decided to, I handled it like I would normally, flirt, be safe and cautious. It's not as easy to trust people here.
>
> 087: There are definitely the cultural problems – what is seen as right for a tico to do is not always my way of doing things. Jealousy, very touchy feely, very *machismo*.
>
> 088: Local men are much more forward and aggressive in their approach towards female tourists. They are always surprised when they learn I can speak fluent Spanish and can dance (pretty well!) for a *gringa*. They are very open with their emotions and seem to 'fall in love' or want something serious very quickly.
>
> 101: I'm a little weary of starting a relationship with a *tico*. The men I met seemed to just prey on gringas, any gringa, 5 gringas a night, it didn't matter to them.

When asked to address the question, "In what situations do you find it most difficult to insist on condom use?" Mikki framed her response within the discourse of romance with

her reply, "When you're in love." Perhaps these words helped her reconcile or justify her act of unprotected sex with Fabrecio the night before, yet they left her with both the worry of pregnancy and the need to take an HIV test when she returned home.

While Mikki voiced little hope that she would be able to stay in contact with Fabrecio, others have sought to bridge the cultural and geographic distances. An exchange student in Costa Rica during college, Marisa fell in love with the son of her host family. They maintained a relationship "for about 2 years, and it was the best part of my life," says Marisa. She returned to the country on numerous occasions to visit, but eventually her Costa Rican boyfriend found the difficulties of a long-distance romance insurmountable and ended the relationship. When asked to address the problems the couple faced, Marisa downplays the logistic realities of transcontinental romance, saying their problems were, "just distance, traveling costs, and you have to have a lot of trust."

Marisa says of the recently ended relationship, "I fell in love and I'm still in love. But I can't make it work." This sentiment was also expressed by April in the statement, "I've met and stayed in contact—[we're still] friends, *amigos con derechos* (friends with rights)." Dawn answered the question this way, "of course—it is by nature short term, romantic, risky." Others spoke frankly of the problems of limited time to develop a relationship with someone met while on vacation.

Q: Are there particular problems with such a relationship?

074: Not as long as both people want the same thing from the relationship and don't expect anything too serious.

079: Leaving is kind-of hard, trying not to get too attached.

109: I will be leaving in 2 weeks and don't know when I will see him again.

> 121: Obviously, the distance. Also, men here think differently because of their culture—they are more old-fashioned.

> 128: In a way—If you find you share something special with this person, it's hard to say good-bye.

Dawn met a fellow traveler and had a "short one week relationship" which included safer sex. She had "thought about [the possibility of sex abroad] but did not plan on it." Like Mikki, Dawn reported that she had not intended to have sex while on vacation and did not bring condoms or purchase them on vacation. Unlike Mikki, Dawn reported that she did initiate condom use with her partner. When asked, "What about meeting someone you liked? How did you handle that?" Dawn addressed the issue of separation this way,

> I've just tried to remain realistic about the people you meet when travelling, if you're lucky you'll stay in touch with a few, but most walk in and out of your life. So with people I enjoy travelling with, I basically just took it for part of the experience of the trip, savored the time together and said goodbye.

Others also addressed the separation issues associated with vacation relationships and their efforts to enjoy the experience, regardless of its transitory nature. Many claimed that they "took it day by day, knowing that it had to end, when I went back." Others addressed the romantic aspects of such relationships, stating "we became close friends and shared intimate, special moments."

In Jacó condoms are available not only at pharmacies but in the checkout line of the largest supermarket, *Mas x Menos* (known locally as "*menos por mas,*" or "a little for a lot"). According to Becca, this is a sharp contrast to many of Costa Rica's Central American neighbors,

> in Panama, things are very different—even condoms are different because here [in Costa Rica] everything is out in the open. Condoms are right there in the open in the pharmacy. In Panama you NEVER see condoms in the pharmacy. I'm sure you can get them, but you never see them out.

> I met a guy [in Panama] and he wanted to have sex and no mention of protection at all! And we came pretty close but didn't do it and I'm so glad—feel like I was REALLY lucky. I'm surprised about how much that is on my mind—like, "whew, I don't want to get something." I'm getting older now and I want to stay healthy.

Euro-American Meredith, a 28-year-old who has lived and traveled throughout Costa Rica for the past year, discussed her relationships with two Costa Rican men,

> they were both very expressive, emotionally and physically. So the relationships became very serious, very quickly. It was fun and romantic and exotic, but unrealistic for the person I am and the thing I want in the long term.

Meredith spoke of candidly of her imminent return to the United States, stating that "the hard part is knowing that deep down you will be leaving to go back to your life in the States—and the person you have had this whirlwind romance with is going to be left behind." She describes safer sex as "having know the person for a long period of time, are in love, have talked about sexual history, diseases, etc., using a condom/ birth control." When asked about her condom use knowledge, Meredith explains,

> condom/sex education was discussed pretty frankly in my high school, amongst my friends and in my home. I feel like I was given a good education—I just haven't always made the best choices. You learn through experiences, though.

Like many women in the present study, Meredith had experiences where her use of alcohol prevented safer sex behaviors, had unprotected sex with someone she didn't know well, and relies on her current male partner to supply condoms for sex. Meredith was not the only woman who sometimes based her decision to have unprotected sex on factors related to that particular relationship rather than on proven risk-reduction strategies. Despite her self-reported high levels of HIV-risk knowledge, Meredith

acknowledges that experiential learning has been her primary guide, yet has not always left her making the "best choices" in terms of risk-reduction behaviors.

Conclusion

In the face of growing rates of HIV and other STIs among adolescent and young women, such common trial-and-error approach to sexual health can leave them at risk (Jadack et al., 1995). While "no sex is 100% safe," says 21-year-old Samantha, "using a condom correctly makes it safer." Further, Samantha states that the practice of safer sex behaviors becomes "easy if you are confident, assertive, and supply your own condoms." This brings us to the issue of women's perceptions of condoms as a male-controlled domain (Moore, Harrison, Kay, Deren and Doll, 1995; Murphy, Rotheram-Borus and Reid, 1998). While a majority of participants (79%) in the present study voiced disagreement that it is the male's responsibility to supply condoms for sex, in practice fifty-six percent of subjects reported availability of condoms remained male-controlled. While the majority of respondents reported little discomfort with condom use negotiations, many had also participated in past unsafe sex practices they felt had put them at risk of acquiring HIV.

When shared intimacy moves into the sexual realm, women sometimes engage in unsafe sex despite their risk-reduction knowledge and their best intentions to protect their health. In the next chapter, I address ethnographic methodological issues related to the development and field implementation of the Risk Assessment Survey, the instrument used to explore issues related to tourist women and risky sexual behaviors abroad as well as past behaviors that they felt put them at risk of HIV transmission. In Chapter 5, I present the quantitative and qualitative analysis as well as my interpretations of particular

findings. In the concluding chapter, I address some of the issues related to women's ability to negotiate safer sex. In particular, I will explore the efforts by researchers to understand the role of gendered power dynamics as a component of becoming "swept away in the moment" that can lead to risky sexual behaviors.

CHAPTER 4
DATA COLLECTION METHODS

Introduction

This project uses rapid assessment procedures (RAP) to study the on-site risk behaviors and attitudes of a transient population of sexually active tourist women. Prior research (Morrow and Ragsdale, 1995; Ragsdale and Anders, 1999) has given me experience conducting RAP data collection. In the present study, I administered a survey on self-reported sexual risk perceptions and behaviors to 128 single female tourists (SFT) during research conducted between the tenth of June and the first of August, 2001, in the coastal resort town of Jacó, Costa Rica. The Institutional Review Board of the University of Florida approved the informed consent procedures of this project.

In the preceding chapter I discussed issues of race, class and gender in terms of tourist/local encounters specific to the field site and factors pertinent to sexual intimacy between actors. Now I turn my attention to the ethnographic process itself. In the first section of this chapter I discuss the multiple and complex issues that have informed the present attempt to conduct ethnographic research on sexual risk behaviors. In particular, I will take up the issue of gender identity and how it impacted the data collection process.

In the second section of this chapter, I discuss the integrative approach I used to design a survey instrument to address the sensitive topic of HIV-risk behavior. Next I discuss the steps in developing and pilot-testing the finalized Risk Assessment Survey

(Appendix C). In the concluding section, I discuss eligibility, sampling and other methodological issues relative to conducting this research.

Ethnography and HIV Prevention Research

Many cultural anthropologists consider immersion-based ethnography as one of the critical rites of passage that turns students into anthropologists (Singer, Marshall and Clatts, 1999). Schensul and LeCompte (1999) claim that "ethnography is a peculiarly human endeavor. Many of its practitioners have commented that, unlike other approaches to research, the *researcher* is the primary tool for collecting primary data" (p. viii, italics in the original). Ethnographers study human interactions through first-person observations, participation in social life, face-to-face interviews, and mapping the social networks that connect one person to another. According to Schensul and LeCompte (1999) the very nature of ethnography is such that the "personal characteristics and activities of researchers as human beings and as scientists become salient in way not applicable in research where the investigator maintains more distance from the people and phenomena under study" (p. viii).

In the early 1990s, Martin began a multi-site, ethnographic study of health in the United States. She recruited graduate students to explore the question of how health providers and clients conceptualize health using participant field research and qualitative and quantitative methods. The project encompassed traditional and alternative health-delivery clinics, a clinical trial setting, a corporate training program involved in innovative approaches to organizing and training the workforce, volunteer and activist organizations, and a community-based outreach program. Drawing on this example, Martin (1994) believes that each ethnographer working on the project brought a:

> different relationship to [the] community via his or her individual sexual (and other) identities and past experiences. We could no more eliminate these differences or 'control' for them than we could cease to be people. What we could and did try to do was to be aware of how our own feelings and attitudes might be affecting our experiences and the reactions of others to us. (Martin 1994:13)

As an anthropologist, Martin was well aware that the interviewer's relationship to the research affects the kinds and quality of the data that is collected. She recognized the phenomenon referred to by anthropologists as the "response effect," which holds that multiple aspects of the relationship between the interviewer and the participant effects the kinds and quality of information received during the data collection process. Bernard (1995) quantitatively describes response effects as the "measurable differences in interview data that are predictable from characteristics of informants, interviewers, and environments" (p. 229).

Yet Martin (1994) recognized that the interactive nature of the communication between the project interviewers and participants qualitatively facilitated the nature of the exchange of information shared between the research and the person being interviewed. She states that such interactive communication "served as probes into culture, in the sense that the open-ended nature of the conversation allowed issues and ways of thinking that we could not anticipate to emerge and be heard" (p. 10).

I found this type of cultural probing to have had a dramatic effect on my research in two ways that will be discussed below. First I will discuss issues relative to developing and designing a survey on a sensitive topic, such as sexual behaviors, to be administered in the field. Next I will present a section on the methodological issues implicit to developing the Risk Assessment Survey through it's various permutations. Then I will discuss administering the Risk Assessment Survey. Finally, I will discuss issues relative

to my gender and being a woman "engaged in my own field work" (Golde, 1986, p. 1) on sexual behaviors in a country and cultural community whose construction of sexuality and gender appropriateness may differ from my own.

Early Versions of the Risk Assessment Survey

I had anticipated collecting sexual history narratives from research participants in order to gain the in-depth, richness of the "thick description" (Geertz, 1973, p. 10) from which to anthropologically interpret young women's sexual risk intentions and behaviors abroad. The impetus for the research had been supplied during fieldwork in Belize in 1998 (Ragsdale and Anders, 1999). Some of these early questions for the first version of the Risk Assessment Survey (RASv1) were taken and/or adapted from the interview schedule known as the "Sexual Negotiations Among Young Adults in the Era of AIDS." This interview schedule was used in a research study (AIDS Research Program, R94-SF-050) conducted at the Center for AIDS Prevention Studies (CAPS), University of California at San Francisco.

The RASv1 contained a demographics section, and included questions and probes that address issues related to the practice of safer sex and condom use (see Appendix A). The survey sought information on what characteristics are important when choosing a new relationship partner, knowledge of risky sex behaviors and perceptions of the meaning and utility of the phrase "know your partner," and participants' emic definition of what "safer sex" means to them. These are categorized below into four sections:

SAFE SEX AND CONDOM USE:

When you hear the term "safe sex" what does it mean to you?

Do you practice safe sex? What kinds of protection do you use?
When do you use them?

How do you feel about using condoms?

Many women say it is challenging to always insist on condom use. In what situations do you find that most difficult? In what situations do you feel you need to use a condom?

Who usually supplies the condoms for sex? Is this something that is discussed beforehand? What happens if you don't have a condom?

What has been the response of men when you ask them to use a condom? Have you ever had to insist?

How have you responded when a man asked you to use a condom? Have you responded differently with different men?

Has there ever been a time when you wanted to use a condom but didn't? Tell me about the last time you had sex and didn't use a condom. What made you do that?

Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.

How did you learn to use condoms? Do you wish you had learned it a better way?

Have you ever felt judged when you wanted to use a condom during sex? Describe this.

CHARACTERISTIC IMPORTANT TO CHOOSING A NEW PARTNER:

What kinds of things do you look for in men? What characteristics are important to you when you meet someone new? What makes someone attractive to you?

What are some of the things you think about when you meet someone and decide to have sex?

Tell me about the last time you met a guy you had sex with. How did you meet? What happened?

Did you and he talk about sex before having sex? What kinds of things did you talk about? What were some of the things you thought about but didn't talk about?

How did sex get started, happen? Who started it? What did you talk about?

What has been your worry when you started a sexual relationship with a new person?

How have you let your new partner know that you wanted to use a condom?

Was this easy or hard for you to do? What made it easy? What made it hard?

Did your partner do what you wanted?

How did your new partner let you know that he wanted to use a condom? Did you do what he wanted? What made you do that?

KNOWLEDGE OF RISKY BEHAVIORS:

Have you ever heard the phrase "know your partner?" What does this mean to you?

Do you think it is possible to "know your partner?"

Have you tried to find out about any diseases your partner has that he could give to you through sex? Have any partners tried to find out about you?

Have you tried to find out about how many sex partners he's had?
About whether he injects drugs?

Do you trust his answers? How do you know that he is being truthful?

Do you think that any of YOUR sexual practices in the past possibly put you at some risk for HIV/AIDS or any other diseases from sex?

Have you ever had sex with someone whom you thought might be at risk for AIDS?

What made you think this person might be at risk for AIDS? Did you behave differently with this person than you would have otherwise? How?

Can you tell me what HIV stands for? Is there a cure for the disease?

Can you tell me 3 ways HIV is transmitted from person to person?

Can someone have HIV and not know they're infected and still look healthy?

KNOWLEDGE OF SAFER SEX:

Are you familiar with the term "safer sex"? Where have you heard about it?

How would you define what is "safer sex?" Describe "safer sex" to me.

What are some of the most difficult parts of practicing safer sex?

How easy is it to be safe?

What are different problems you have with maintaining safer sex with different men?

Have you had experiences where drugs or alcohol inhibited safer sex? Would you describe your drinking habits as non, light, medium, or heavy?

Next I adapted the RASv1 into a second version (RASv2) that included the opening section to collect demographic information (see Appendix B). Additional information for the RASv2 included the "Knowledge of HIV" section, followed by the "Personal Risk Assessment" section. Both used a 5-point Likert scale with response categories that ranged from "strongly disagree" to "strongly agree." These sections were followed by the "Travel Abroad" section of "yes" and "no" responses. The "Sexual Practices" section and the "Condom Use Attitudes" section were designed to assess the participant's attitudes, intents and behaviors, and The "Sexual History Narrative" section was designed to elicit a narrative of the participant's most recent sexual behaviors. The RASv2 questions and probes appeared in each separate sections appeared as follows:

KNOWLEDGE OF HIV:

Latex condoms are the best way to prevent the HIV during sexual contact.

Vaginal and anal intercourse without a condom increases the risk of HIV transmission.

Kissing is unlikely to transmit HIV.

Sex with multiple partners increases HIV risk.

Using 2 condoms at once during sex instead of 1 is a good way to reduce risk of HIV transmission.

PERSONAL RISK ASSESSMENT:

I am adventurous and readily seek out new experiences.

I am impulsive rather than cautious regarding sex.

Having casual sex puts me at risk of getting HIV.

I frequently worry about getting HIV.

HIV is a serious threat to my personal health.

I have never felt the need to take an HIV test.

It's a good idea to get an HIV test on a regular basis.

Knowing someone with HIV has increased my sense of personal vulnerability to HIV.

People can look healthy, but have HIV and transmit the virus.

TRAVEL ABROAD:

I thought about the possibility of having sex abroad when I was planning my vacation.

I intended to have sex while vacationing.

I brought condoms with me on this trip.

I would consider sex with a stranger or casual partner while on vacation?

I would be embarrassed to bring up a discussion using condoms with a new sex partner.

I have initiated the discussion on using condoms with a new sex partner.

SEXUAL PRACTICES:

What would you define as "casual sex"?

Are you familiar with the term "safer sex"? Would you describe "safer sex" to me?

How easy is it to practice safer sex? What are some of the most difficult parts of practicing safer sex?

What are the different problems you may have with maintaining safer sex with different men?

Have you had experiences where drugs or alcohol were an issue in trying to have safer sex? Would you describe your drinking habits as non, light, medium, or heavy?

Do you think that any of YOUR sexual practices in the past put you at risk for HIV?

Have you ever had sex with someone whom you thought might be at risk for HIV?

What made you think this person might be at risk for HIV?

Did you behave differently with this person than you would have otherwise?

Can you tell me 3 ways HIV is sexually transmitted from person to person?

CONDOM USE ATTITUDES:

Many women say it is challenging to always insist on condom use. In what situations do you find this most difficult? When do you feel you need to use a condom?

Who usually supplies condoms for sex? Is this something discussed beforehand?

What happens if you don't have a condom?

What has been the response of men when you ask them to use a condom? Have you ever had to insist?

How have you responded when a man asked you to use a condom? Have you responded differently with different men?

Has there ever been a time when you wanted to use a condom but didn't? Tell me about the last time you had sex and didn't use a condom. Why didn't you use a condom?

Have you ever felt judged when you wanted to use a condom during sex?

How did you learn to use condoms? (EX: Sex Ed class/ Clinic/ Partner/ Don't know how)

Do you wish you had learned a better way? Do you have any suggestions for this?

SEXUAL HISTORY NARRATIVE:

I am asking women to describe their sexual experiences to help identify how women negotiate safe sex and triggers for risky sex. Could you please describe your most recent sexual experience? Please feel free to say anything you like.

This RASv2 was modified during the pilot test conducted at the field site, resulting in the RASv3 (see Appendix C). When I arrived at the field work site, I realized that the

nature of the environment and the length of the interactions I would be able to build with the tourist women whom I sought as participants had an effect on delivering the RASv2 that I had not anticipated. I had drawn on my field experiences on the island of Ambergris Caye in Belize, Central America, when designing the survey. But I quickly realized that the nature of the tourist experience available on Ambergris Caye was qualitatively different from that in Jacó, Costa Rica.

Due to its geographical location along Belize's barrier reef, Ambergris Caye offered offshore diving and snorkeling, or daytime beach activities along a strip of land that was only a few hundred feet long. This site condition lent itself to seeing the same tourist women everyday during the duration of their visit to the Caye, which in turn, facilitated more in-depth conversations on their experiences on the island. Jacó, on the other hand, offered daytime beach activities along a strip of land that was perhaps eight times the length of the Ambergris Caye's beachfront.

In addition, tourists in Jacó could chose from horseback riding, hiking excursions, shopping, language classes, or getting a tattoo. After arriving in Jacó, I decided to modify the RASv2 to better address the field conditions at the site. The methodological issues addressed early in the first stages of development of the Risk Assessment Survey are discussed below.

Developing the Risk Assessment Survey

According to Hunt and Davies (1991), defining the parameters of study on sexual risk behaviors "begs the question, 'what is sex?' " (p. 45). They caution that the answer is not simple and straightforward. There are multiple definitions of "sex" due to individual

variance as well as to the changing nature of language itself. Hunt and Davies claim there are three approaches to defining "sex" for social science research:

> The first is to ignore it, to assume that the imprecision of the language is a trivial problem that will be swept up in the sampling process. This approach assumes that any differences in meaning will be minor and will accumulate in the error that remains when the statistical model has been fitted.
>
> The second approach is to impose on the terms a set of strictly defined meanings proceeding from the deliberation of researchers or emerging from a pilot study. This has the advantage, at least in principle, of providing a common currency for discussion.
>
> The third approach is to investigate in depth the meanings, which the various terms have in use by ordinary people, and to use these as the basis of subsequent talk and investigation. (Hunt and Davies 1991:45)

I based the present study on a combination of the last two approaches by first eliciting the normative sexual meanings attached to descriptive language among a college-aged group of heterosexuals as I constructed the survey. I then informally pilot tested the survey among this same group. I found that among heterosexuals the term "sex" is usually defined as penetrative vaginal intercourse. This finding is supported by research conducted by Seal and Ehrhardt (2002), who report that heterosexuals "generally defined 'sex' as 'penetrative vaginal intercourse' [while] other types of penetrative and non-penetrative sexual behavior were considered to be foreplay and/or enhancements of sexual variety" (p. 14). When pilot-tested in the field, this definition remained salient.

For the final version of the Risk Assessment Survey, I developed a structured open-ended interview in combination with close-ended questions. Pilot testing and restructuring the interview allowed me to develop a set of systematic questions to administer for each interview (Bernard, 1995; Monroe, 2002). I utilized a quantitative, close-ended format for collecting comparative data, such as demographic information. Qualitative, open-ended questions were effective for gathering respondents' opinions and

perceptions. Follow-up and probe questions were included to gain additional data. Some of the more sensitive aspects of this research were explored through open-ended questions that allowed participants to place their experiences within context, as well as respond with as much or as little detail as they liked. In addition to quoting from the direct qualitative data to obtain informative responses, I coded open-ended data into categories for statistical comparison where applicable in the analysis.

Eligibility Requirements and Recruitment Procedures

Eligibility for the study required that participants be 18 years of age or above, able to speak and write in English, sexually active, and traveling unaccompanied by a male partner while on vacation. The sample was predominantly white, with all other ethnic groups underrepresented. Women were approached individually or in a group and given a brief introduction to the study. Those who agreed to participate were enrolled and interviewed on the spot. Additionally, key informants were scheduled for more in-depth interviews arranged between the participant and the researcher.

To ensure participant anonymity, no individual identifiers were collected and all participant names are pseudonyms. Respondents were not compensated for participation. To increase written clarity without changing participant's meanings or losing their terminology, I quote directly from field notes except where slight alterations of written grammar are necessary.

I sought recruits as I traveled a regular route established by the second week of fieldwork. By approaching all single female tourists along this route, I was able to gather the majority of my data. When I identified a female unaccompanied by a male I would approach the candidate and ask, "Do you speak English?" If the response was positive I

proceeded to explain the research topic and asked if the candidate would participate in taking the survey. Next I asked if the candidate was at least 18 years old, for anyone younger was automatically ineligible. If the candidate identified herself as 18 or older, I explained the process of informed consent and her right to withdraw from the study at any time without penalty. I then obtained the respondent's verbal and written consent, enrolled her in the study and administered the survey.

Administering the Risk Assessment Survey

This survey supported exploratory study in an under-researched area that addressed sensitive issues: the sexual risk behaviors of single female tourists (SFT). Using purposive, volunteer sampling was appropriate, give that this research involved a target population that was "small, bounded . . . difficult-to-find" and transient (Bernard, 1995, p. 97). Yet using nonrepresentative sampling, even among special population, limits the generalizability of the study. I obtained the sample by daily canvassing locations identified early in the study as areas where SFT tended to congregate.

The primary site for data collection was the mile-long stretch of beach one-block from and parallel to *Pastor Diaz Avenida,* the main thoroughfare through the town. Diaz Avenida, as it is called locally, contains the town's bustling central business district. Here are located the restaurants, internet cafés, pharmacies, banks, and shops that most tourists frequent. The secondary sites included the popular tourist hangouts of *Paola's Pan* (a European-style coffee shop), *El Sapo Verde* (an al fresco restaurant), *La Bruja* (a bar), and *Disco Estrella* (a dance club).

My routine included a morning walk to Paola's Pan, where I was able to interview early-rising surfers and new arrivals eager to explore the town. I would remain there until

approximately 11 A.M., when the beachfront began to fill with people. The almost mile-long beachfront is contained on either side by lush mountains, and is known as "the surfing capital of Costa Rica" (Rachowiecki and Thompson, 2000, p. 495) for consistent waves ideal for surfers, in addition to attracting sunbathers and swimmers.

Each morning I entered the beach at *La Bonita Calle*, and walk the length of the beach from end to end several times until I had traversed the entire area two or three times, depending on the amount of visitors to the beach. In mid-afternoon I walked the length of the primary avenue that runs through the center of town, seeking participants as I traversed the area. Each evening I returned to the avenue and traveled it's length two or three times, depending on how busy the town was on that particular evening.

Conducting surveys on the beach may have lent a less formal air to the interviews that helped put respondents at ease and opened the dialogue process. I had initially intended to read each question to the subject and record her response in writing, since high levels of background noise (waves, wind, conversation, music) precluded tape recording interviews. In the field, however, respondents showed a marked preference for filling out the survey themselves. It is also worthy of mention that participants varied in their approach to completing the survey. Some took the survey in a quick and almost superficial manner, finishing in ten to fifteen minutes. Other respondents replied thoughtfully and elaborately to the questions posed in the survey, and spent twenty to thirty minutes or more composing their responses.

Respondent and Interviewer Interactions

An important issue in HIV-risk behavior research is participants' fear of disclosing sensitive information that may cause others to judge them negatively (Kelly, 1995). In keeping with ethical guidelines regarding human subjects, respondents were informed both verbally and in writing that they did not have to answer any questions they did not wish to, and that they could terminate the interview at any time. The sample of 128 women exceeded my recruitment goal of fifty participants. Given the intimate nature of the survey, there were relatively few terminated interviews ($n<10$). Summarized below, a number of themes expressed by participants may have contributed to the response rate:

1) desire to process her vacation experience,
2) brevity of the survey instrument,
3) interest in being socially responsible,
4) interest in a topic pertaining to women's sexual health,
5) desire to experience the "fun" of participating in a research project.

While I sought to maintain a nonjudgmental demeanor and establish rapport with each respondent, differences in the amount of interview data collected varied and may be partially attributable to "response effects" (Bernard, 1995, p. 229). Given the sensitive nature of the research, respondents' answers may have been affected by interviewer and participant interactions (Bernard, 1995; Kelly, 1995). In an attempt to reduce response effect, each subject was assured that participation voluntary, she could furnish as much or as little information as she desired, and that the interview could be terminated at any time. I was careful to explain to potential respondents that the survey was for those women who were sexually active at present, and contained questions relating to their

sexual behaviors. Their willingness to respond to questions about sexual behavior to a study that. As more than one respondent said, "this is cool research," in that it seemed personally and socially relevant.

One of the limiting factors of the study was the brevity of the survey. Yet limiting the survey instrument to two pages also decreased the risk of deterring some vacationers from participation. I developed my initial survey on the premise that I would be asking respondents for sexual history narratives in addition to related information. When I arrived in the field and began to pilot test the survey it became apparent that the public location in which the surveys were administered—sitting directly on the beach—did not always lend itself to intimate disclosures from participants.

The first week of research was spent restructuring the survey to better fit the field conditions in which the majority of the surveys were administered. I replaced the sexual history narrative section with the "Vacation Travel History" section to gather general information on subjects' motivations for travel to Costa Rica and their vacation relationship experiences while at the field site.

The Risk Assessment Survey (RAS)

Previous research with sexually at-risk women had given me experience designing, implementing, and analyzing open-ended surveys related to sexual behaviors (Ragsdale and Anders, 1999). In the present study I used a combination of qualitative and quantitative methods to collect data on the sexual attitudes and behaviors of single female tourists. I designed the Risk Assessment Survey (RAS) to gain demographic data as well as sexual risk knowledge and behavioral information.

During the first week of fieldwork I conducted a pilot-test of the RAS and adjusted the instrument based on the feedback from these preliminary interviews. Data collected from the pilot surveys was discarded and is not part of the final analysis. The revised RAS, which contained six sections and included seventy-one questions, was administered to the study's first participant five days after my arrival at the field site on the eleventh of June, 2001. I collected interviews steadily through the next two months, with weekends being the primary periods when I was able to solicit volunteers for the study. The last survey was administered on the morning of the first day of August, 2001 as my participant and I traveled by bus from the field site to Costa Rica's international airport located in the capital city.

Section A: Demographic Data

Section A asked the respondent for basic demographic facts and contained seven questions. These included such information as age, ethnicity, education level, occupation, income, country of origin and population size of respondent's city or town of residence, and other indicators of socio-economic status. For the age response, participants were asked to fill in the blank. For the education response, participants were asked to fill in the highest number of years they had completed that corresponded to the categories of high school, college, Masters, and Ph. D. degrees.

For the racial/ethnicity response, they were asked to identify to which racial/ethnic group they considered themselves to belong. Personal income was divided into five categories ranging between $10,000 and $40,000 or more. Participants were asked to identify their occupation or job title. They were also asked to identify their country of origin, the approximate size of the community in which they lived, and the region of their

country to which they belonged. Community size was later collapsed into two categories of either rural or urban during data analysis.

Section B: Vacation Travel History

Section B gathered information on the respondent's vacation travel history and reasons for being at the research site. It included twenty questions on the participant's general vacation travel history, including experience with travel within Costa Rica, solo travel, and reasons for visiting the field site. This section included seven questions pertaining to women's perceptions of tourist and local men's attitudes towards women travelers generally, as well as any positive and negative sexual attention respondent's had received while on vacation. It concluded with two questions on whether the respondent had participated in a vacation relationship while at the field site, and what kinds of particular problems the respondents' associated with vacation relationships.

This section elicited general information on subjects' motivations for travel to the site and vacation relationship experiences. This allowed respondents to warm to the task of taking the survey while supplying basic travel data. In this section I asked whether the respondent was traveling solo, and her perceptions of attitudes towards tourist women from male tourists and local men. The final set of questions in Section B asked women whether they had experienced a vacation relationship with a tourist male, a local male, or perhaps both a tourist and local during the present trip. It also asked participants to discuss any issues they had to confront pertaining to such a relationship.

Section C: Vacation Sex Intention

Section C opened with the following statement set in bold typeface: "This section is for women who are sexually active. Please do not answer any question you do not want

to and we can stop at any time." This notice was also verbally administered to each subject. It was usually at this point that subjects who wished to terminate the interview did so, often on the grounds that they were not sexually active at the present time. When this happened, I thanked the subject for her time and terminated our conversation. These partial interviews were excluded from the statistical and qualitative analyses.

This section was developed to access women's prior intent to engage in sex while abroad, as well as actual vacation behaviors. It asked women six questions about sexual intentions on vacation, as well as actions regarding condom purchase and use. This section contained "YES/NO" response questions on the participant's attitude towards sexual activity abroad prior to her visit, and behaviors relating to initiating condom use with a partner met abroad.

Section D: HIV Risk Assessment

Section D contained eleven statements that used a 5-point Likert agree-disagree response scale to capture respondents' knowledge of HIV transmission and related questions. With Likert scales there is a risk of patterned response-set among participants, wherein some assume all statements represent the same orientation. This can result in careless reading of a question, which adversely affects accuracy. In an effort to reduce this effect, alternative statements reflecting different orientations were included in this section and then reverse coded for analysis. These statements were later reverse coded during the analysis stage.

The first statement asked the respondent to respond to a statement regarding her desire to seek out adventure and new experiences. The next two statements assessed the respondent's risk-prone or risk adverse orientation regarding engagement in casual sex.

The next three statements pertained to the participant's beliefs and practices regarding HIV testing. The following two statements addressed whether the participant felt personally vulnerable to HIV, and the participant's beliefs regarding assessment of an individual's HIV status. The next two statements addressed the participant's perceived level of comfort during sexual communication regarding condoms with a new partner. The final statement addressed whether the participant believed condoms are a male's responsibility to supply prior to engaging in sexual activity.

Section E: Knowledge and Practices

Section E used fourteen questions to elicit information on the respondent's age of sexual debut, relationship history, participation in alcohol-related past unsafe sex, and related topics. This section contained both qualitative and quantifiable components. The quantitative section contained one HIV knowledge item and six sexual practice items. The HIV knowledge item asked the participant to identify three ways that HIV is transmitted from person to person.

The sexual practice items asked the participant whether they felt it was easy to practice safer sex, if alcohol use prevented safer sex, had they participated in past risky sexual practices, had unsafe sex with partner they thought was at HIV risk, and had they behaved differently with the presumed risky sex partner. The final three questions asked participants age at which they became sexually active (age of first intercourse), whether they had used condoms at first intercourse, and their number of lifetime sexual partners. To gather qualitative information, I asked the participant to define "casual sex" and then describe "safe sex" as part of their survey responses.

Section F: Attitudes Towards Condom Use

Section F contained a series of questions regarding respondents' attitudes towards the use of condoms, sources of information regarding condom use, and related topics. This section included thirteen questions of both a qualitative and quantitative nature. The quantitative data relative to condom attitudes and behaviors was collected using two questions regarding the perceived difficulty of condom use, three questions regarding past unsafe or condomless sex encounters, and one question regarding participant's past experience when she had wanted to use a condom for sex but had not.

The participant was asked who usually supplies condoms for sex, whether this was discussed prior to initiating sexual activity, and what happens when a condom is unavailable. The respondent was also asked about her general perception of the response from male partner's when she initiated condom use, whether she had ever felt the need to insist on a partner's condom use, and had she felt negatively judged for wanting to engage in safer sex.

In order to explore how the participant gained her knowledge of condom use, she was asked, "How did you learn to use condoms?" Each participant was instructed to circle all the routes that applied to her case. The list included sexual education or other formal class, a health clinic, a partner, or that she did not know how to use condoms. It also include an "other" response category with a place to fill in the blank. And finally, the participant was asked if she wish she had learned about condom use through other venues than those she had identified in the previous question.

Ethnography and Conducting "Safe" Sex Field Work

It was a beautiful night in mid-March, 1998 and just after 2:00 a.m., a relatively early hour to end a Saturday night for many in the tiny town of San Pedro on Ambergris Caye, Belize. It was also the first night that my research partner and I had gone out to a dance club to observe the local tourist scene since arriving on the Caye a few days earlier. As we walked home from Tarzan's Bar we were on the right-hand side of the road on Pescador Street, known locally as Middle Street in the town of San Pedro. Up ahead there were eight or so young men milling around, talking together loudly, and partying in the street. Two of the men broke away from the group and began walking towards us on the same side of the street. The two men said "good night" as my research partner and I passed by them.

We responded in kind, as is customary in Belize, and even more so on the tiny resort Caye. Getting a response from the new, unescorted female tourists in town may have goaded the young men, for they started making sexual comments to us, such as "sexy baby," and "you want a boyfriend," as we passed each other in opposite directions. Having lived in other areas of Belize for two months prior to arriving in San Pedro, we were now accustomed to such talk and ignored their comments as we walked by. We had only traveled another few steps when the sound of the men's voices and their sexual language attracted another young man's attention towards us. He was walking alone on the opposite side of the street then suddenly changed course and began making a quick beeline towards my companion and me.

I was nearest him and he reached out and grabbed my wrist in a vise grip. Using a "command" voice to say, "don't touch me!" I wrested my arm free from the stranger's

grip and stepped away from his reach. As the man began shouting phrases of explicitly sexual violence directed towards me, I immediately linked arms with my research partner and whispered to her, "walk slowly away and don't look back." Without breaking our strides, my research partner and I continued walking down the street to our bungalow.

I felt fortunate that I had been able to diffuse an unexpected and potentially ugly situation that could have put me and my field partner at physical risk. I also felt fortunate that I had been able to diffuse an unexpected situation that could have put the final phase of my fieldwork at risk. During the next few days as I began to process the event, I came to realize that I had arrived on the island wearing my "anthropology hat" as I began field work in San Pedro. I was deeply immersed in months of research on tourism and sex work in Belize. And I was looking forward to the experience of conducting the final phase of the work before returning to the United States. However, my role as an anthropologist was invisible to the young man who accosted me that night on Ambergris Caye. Instead, the man saw my research partner and I as just another couple of foreign tourist women on the island, many of whom were "hot to trot" with the local men.

This field experience taught me a great deal about the issue of gender and its affect on the data collection process. In this section I discuss issues relative to my gender and how it affected the field work experience (Golde, 1986; Martin, 1994). The nature of this anthropological inquiry impacted the research and should not be left uncovered. The present study was on sexual risk and tourist women. However, the study was conducted in Costa Rica, a Central American country where I anticipated that the sexual discourses and gendered discourses would likely be far different than my own.

Yet I did not know how such variations in constructs of sexuality and gender appropriateness of my actions as an anthropologist in the field might be interpreted by those with whom I would come into contact in Costa Rica (Golde, 1986; Martin, 1994). Likewise, the research was to be conducted in a beach resort town with relatively high traffic in tourists, yet the field site was also a small, relatively contained social community. I knew that there would be many locals who would not become part of my social network during my field work in the town of approximately 4,000 inhabitants. Yet from past research experiences I expected that other local people would become part of my social world in Jacó very quickly.

This turned out to be true. Because the research took place in a relatively small cultural community, I quickly became known to local inhabitants on my many walks through the town each day. During my first few days in town I received many of the typical *"psst-psst"* and *"mi amor"* comments that are normal for any single gringa to receive. But as I became a more familiar actor on the social landscape this gave way to more polite and formalized exchanges and greetings.

One of the first decision I had to make regarding my research was how much information I felt it expedient and wise to share with the locals with whom I came into contact. As Fontana (1994) articulates, this decision-making raised "questions about trust and reciprocal understanding," (p. 207) as well as issues of personal safety for a woman from the United States conducting solo research on sexual behaviors. This field experience provided many "firsts" for me that took me far out of my comfort-zone. For example, I had never traveled solo before this research experience, nor had I ever

conducted an ethnographic study complete on my own. I had never gone to a bar or club without being accompanied by a friend.

And I had never conducted an interview with a person of the opposite gender in which I asked detailed questions regarding his interpretations and reflections on the sexual behaviors of my target population—the tourist women with whom he had knowledge and contact. While I likely would have eventually identified other Jacó men with whom I would have felt comfortable and "safe" conducting in-depth interviews on sexual behaviors, I feel very fortunately that Eduardo proved an excellent key informant.

After a month of casual contact in which we had established a level of comfortable rapport, I disclosed to Eduardo the nature of my research in full and asked if I could interview him for the project. But before I took this step, I took an extra precautionary measure to help insure my personal safety and that the fieldwork would not be disrupted. Drawing on my experience in Belize, I first verified among my trusted friend, Paola, and other local acquaintances that Eduardo, though a "player" on the Jacó beach scene, also had a good reputation in the town. When I confronted Eduardo with my request to interview him and explained the project to him in more detail, he initially reacted with raised eyebrows and a look of mild shock. Then he quickly recovered his *tranquilo* countenance and agreed to participate in the project. I feel that Eduardo's contribution to the project, which is quoted at length in Chapter 2, has added an ethnographic richness to the study that only interviewing female tourists could not have supplied.

Conclusion

I arrived in the capital city of Costa Rica at about 10 P. M. on the tenth of June, 2001, tired from a full day of air travel yet filled with excitement. I had booked a cheap room in

a small, time-worn hotel near the Coca-Cola bus terminal. Here I would spend my first night in Costa Rica before heading out early the next morning to catch a bus to my field site. At 8:30 A. M. I had checked out of the hotel, hailed a taxi, and been dropped off at the Coca-Cola bus terminal to purchase my ticket for the two-hour trip to Jacó. My luggage was a backpack, which contained my laptop computer, fifty copies of the Risk Assessment Survey, two guidebooks on the country, an extra pair of sandals, a few changes of clothes, and other necessities for day-to-day living.

I had not slept well the night before, partly due to the excitement of commencing fieldwork, partly due to the revelers who had been partying all night in the room next to mine. I had arrived at the bus terminal with over an hour to kill, and spent the time watching the interactions in the busy terminal, as well as consulting a guidebook on living options available in Jacó. After boarding the bus, I arrived in Jacó on the eleventh of June, 2001, at mid-day and located a restaurant to eat lunch. The retired Canadian couple who owned the restaurant were full of information about the goings-on of Jacó. I asked their recommendations for a prolonged stay in Jacó, and they suggested two places. As it turned out, their closest choice, the White House, was about four blocks from the restaurant. It was also a two-minute walk from the beach and provided a perfect location from which to conduct my fieldwork.

I used the first week of fieldwork to pilot-test the RASv2 and adjusted the instrument based on the feedback from these preliminary interviews. The data from the RASv2 was discarded and is not part of the final analysis. Completion of the third set of revisions resulted in the RASv3, which was administered to the study's first participants on June 16th, contained six sections and included seventy-one questions. Survey number 128, the

final survey of the study, was administered on the first day of August, 2001, which was also my final day in Jacó.

In addition to administering the survey, I conducted more in-depth interviews with single female tourists, tourist men, and Jacó residents during my time at the field site. I attended local nightspots and functions that brought people together socially, such as surf competitions and musical performances. During these functions I observed social behaviors, engaged people in conversations to gather information, and scheduled in-depth interviews with those I identified as key informants.

In the next chapter I present the quantitative data and analysis collected from the Risk Assessment Survey and discuss the data analysis and findings for each section separately. The statistical results were obtained using simple analysis techniques and SPSS (Statistical Package for the Social Sciences) software. Following each section of quantitative results, I present any corresponding qualitative findings. Then I discuss and interpret the qualitative findings as they relate to young women's risk behaviors during vacation travel in Jacó. In Chapter 6 I give a brief overview of the present study, then discuss the findings in terms of the contribution of anthropology to HIV prevention.

CHAPTER 5
DATA ANALYSIS

Introduction

Good girls go to heaven, bad girls go everywhere – Helen Gurley Brown
(www.brainyquote.com 2002)

Geertz (1973) claims that anthropology is "only apparently the study of customs, beliefs, or institution . . . fundamentally it is the study of thought" (p. 352). Therefore, one of the most vital tasks of contemporary cultural anthropology is uncovering the ways in which thought is manifested among actors into social behaviors that construct, justify, reinforce and maintain dominance. Within feminist theory, emphasis is placed on the critical analysis of the representation of Self and Other (Beauvoir, 1952) as played-out through gender hierarchy, sexual dominance and resistance.

While some ethnographers are opposed to quoting at length, I feel that Fontana's critique of Liebow's classic study of the black street-corner men of *Tally's Corner* (1967) hold salience for the argument of inclusion. Fontana states,

> despite a keen awareness of the essentially interpretive nature of the ethnographic enterprise . . . traditional sociological ethnographers presented their field notes as the viewpoint of the natives, with little mention of the interactions, negotiations, and generally problematic features of obtaining field data. (Fontana 1994:207)

Fontana believes that to capture the true and complete meaning of Liebow's participants, the ethnographer needed to have extensively quoted his participants statements. Therefore, in presenting the finding in the present study I do not only draw

on single sentences to address the topic. I also use longer quotations from my participants in order to provide the necessary documentation of my interpretation of participants' meanings and beliefs, as reflected in their own words.

For example, many women who participated in the study voiced statements that captured their self-perceived notions of personal efficacy and empowerment. Yet many times the same participants voiced statements that seemed to reflect their personal feelings of self-doubt or vulnerability. Fontana (1994) charges that *Tally's Corner* is "an example of 'objectifying' what amounts to personal interpretations since [Liebow] tends to present his opinions as if they were objective facts validated by the viewpoint of the subjects" (p. 207).

With Fontana's warning in mind, I approach this chapter with the knowledge that to remove myself completely from the ethnographic analysis will not be possible. In the present study, I seek to elaborate on the gendered power dynamics that differentially inform the sexual risk behaviors of a cohort of tourist women visiting Costa Rica. I will do so using qualitative and quantitative data collected and analyzed from the Risk Assessment Survey. In the preceding chapter I discussed the development and pilot-testing of the Risk Assessment Survey, including eligibility, sampling and other methodological issues relative to the project.

In this chapter I present the survey's qualitative and quantitative data analysis, including my interpretations of the data. In the following pages I present and discuss the findings from each section separately. This data was analyzed using SPSS (Statistical Package for the Social Sciences) software and simple analysis techniques. Results have been rounded up to the next full number and corresponding percentage point, and are

presented as text and tables. Following each section of quantitative results, I present a section on the qualitative components where applicable, as well as a discussion of the qualitative and statistical findings. I conclude the chapter with a section on conclusions I believe are supported by the study's findings.

Section A: Demographic Data Quantitative Results

Respondents ranged between 18 years and 33 years of age. Those between the ages of 18-25 years made up over seventy-five percent of the study (77%). The mean age of respondents was 23 years, the median was 22, and the mode was 19, with a standard deviation of 3.8 among the 128 subjects. In terms of education, 27 (21%) had completed high school or the equivalent, seventy-nine (62%) had attended or were currently attending college. Twenty-two women (17%) had or were currently receiving advanced educational training. The cumulative total of women with some college or above was 79%. The sample was overwhelmingly homogenous in terms of race/ethnicity with 111 women (88%) who self-identified as white or Caucasian. Three women self-identified as Hispanic and three women self-identified as Asian, with one missing case.

Income was divided into five categories ranging between $10,000 and $40,000 or more, increasing in increments of $10,000 per category. Eighty-one (64%) reported an annual income of less than $10,000. Fifteen subjects (12%) claimed a yearly income of less than $20,000. Twelve (10%) women reported an income of less than $30,000 per year and another twelve of less than $40,000 per year. Six (5%) respondents reported an annual income of over $40,000 per year.

Participants were asked to identify their occupation or job title. Seventy-five (59%) identified themselves as students. The remaining responses were grouped into two

separate categories of "professional" or "other." Thirty-seven subjects (29%) were categorized as professionals, which included occupations such as teacher or health care provider. Fifteen (12%) were categorized as other, which included occupations such as food server and store clerk. The demographic data are presented below in Table 1.

Table 1. Single Female Tourists (SFT) Demographics

	% (n)
Age (*n*=128, Range=18-33 years)	
Mean	23
Median	22
Mode	19
Education (*n*=128)	
High school	21 (27)
Some college	62 (79)
Masters or above	17 (22)
Race/ethnicity (*n*=125)	
White	88 (111)
Hispanic	6 (8)
Asian	8 (6)
Income (*n*=126)	
<10,000	64 (81)
<20,000	12 (15)
<30,000	10 (12)
<40,000	10 (12)
>40,000	5 (6)
Occupation (*n*=127)	
Student	59 (75)
Professional	29 (37)
Other	12 (15)
Country of origin (*n*=128)	
United States	72 (92)
Other	28 (36)
Residence (*n*=128)	
Urban	88 (113)
Non-urban	12 (15)

Ninety-two respondents (72%) identified their country of origin as the United States, not surprising given both North America's proximity to Costa Rica and the popularity of the country as a vacation destination for young, budget travelers. Of the remaining thirty-six women (28%), twenty-three came from European countries such as the Netherlands, Italy and Switzerland, and another six were Canadian. Two women were from Israel, while the countries of Argentina, Costa Rican, Japan, and Venezuela each had one participant. Respondents were primarily from urban areas (n=113 or 88%) as compared to rural areas (n=15 or 12%).

Section B: Travel History Analysis

The second section of the survey collected vacation travel history, including experience with travel within Costa Rica, solo travel, and reasons for visiting the field site. This section included questions pertaining to women's perceptions of tourist and local men's attitudes towards women travelers, including positive and negative sexual attention women had received.

Finally, it included questions on whether the respondent had participated in a vacation relationship and what particular kinds of issues or problems tourist women faced with vacation relationships. Forty-one women (32%) were traveling solo and fifty-six (44%) were traveling with one other female companion. Thirty-one subjects (24%) were traveling with two or more female companions. In other words, more than three-fourths of participants were traveling by themselves or with one companion. Vacation travel history responses are reproduced below in Table 2.

Table 2. Vacation Travel Type of SFT

	% (n)
Travel Type	
Solo	32 (41)
With one companion	44 (56)
With two or more companions	24 (31)
First solo travel (n=43)	
Yes	49 (21)
No	51 (22)
First trip to Costa Rica (n=124)	
Yes	76 (94)
No	24 (30)

Among the sample, ninety-four women (76%) were visiting Costa Rica for the first time, thirty (24%) were returning visitors, and there were four missing cases. Twenty-one women (49%) identified the present trip as their first solo travel experience. From the topic of participant's travel history, this section flowed into a section on women's experience with sexual or romantic attention while a tourist at the vacation site. This allowed for more collection of travel data and helped to prime the respondent for the section on specific sexual intentions and behaviors abroad.

When asked their perceptions of the attitudes towards single women travelers from tourist men here, ninety percent of respondents (n=124) reported the attitude as generally positive. In contrast, when asked about the attitudes towards single women travelers from local men, only forty-one percent of respondents (n=118) reported it as positive. While sixty-four percent of respondents had experienced unwanted sexual attention, eighty-one percent felt they had experienced positive attention on the trip. The quantitative responses are reproduced below in Table 3.

Table 3. Responses to Vacation Attention Items by SFT

	% (n)	
	Yes	No
Positive attitude received from male tourists (n=115)	90 (104)	10 (11)
Positive attitude from male locals (n=118)	41 (48)	59 (70)
SFT received negative sexual attention (n=126)	64 (81)	36 (45)
SFT received positive sexual attention (n=116)	81 (94)	19 (22)

In the qualitative response to the question, "what are the attitudes towards single women travelers from tourist men here?" women often describe their perceptions of such experiences in self-referential terms or in relational terms. Many women seemed to express considerably more comfort with interactions between themselves and tourist men. Often this seemed to be based on the cultural similarities among travelers, including shared gender-role expectations. As Tanny explained,

> I love meeting tourist men. Whenever I meet tourist men I can relax and know it's not going to be a problem. I don't know why dealing with Central American men—it's so tiring. There isn't the same level of "no expectations" as when I'm hanging out with tourist men. Western women here are kinda like men. A lot of local guys have had experience in the States and want to talk to Western women.
>
> When I came down here I didn't want to have rigid boundaries and I wanted to experience what was around me. With Western men I have the luxury of being myself, I don't have to have my guard up. I can be flirtatious if I want too—I can have that luxury. I know, or at least I think I know, where they're coming from.

Other women concurred with Tanny's statement regarding the ease of relationships with tourist men. Many participants also expressed the idea that it is the woman's responsibility to set the sexual boundaries. As one participant responded,

> I have found the attitude from tourist men, especially American men, is mostly friendly with the idea, especially in bar/party situation, that on

> vacation anything goes, a bit looser towards sex (whether they have girlfriends or not). But mostly I have felt supported by the traveling men I have met. Especially surfers—a common bond.

Like many participants, one women claimed, "tourist men are really nice if you approach them and ask them anything, but I think a lot of guys are here just to party and pick up tourist girls/locals." The consensus was that, in general, tourist men are sexually non-threatening, yet also interested in the possibility of a casual sex relationship should that opportunity present itself. In contrast, many participants found local Costa Rican men "much more sexually oriented, advances are very physically oriented." The difference between male traveler's expectations and that espoused by the Costa Rican culture of male *machismo* was summed up this way "tourist men are looking for friends, locals [for] sex."

Participants typically described the young male Costa Ricans with whom they came into contact as "very vocal and want to get your attention by whistling and staring at you. Also, some are very imposing by touching a lot (at clubs) and asking you to dance with them. And the type of dancing is very close, sensual-sexual." Others framed their responses in self-referential terms, such as "local men [think] *gringas* are easy and here for sex." Others felt like "we were 'fresh meat' " to the local men. Occasionally, respondents admitted that part of the mutual attraction between tourist women and locals was the exoticism of phenotypic difference between each group. As one women claimed "they like the tall, blond *gringas*, it's different and interesting for them."

Respondents voiced that the heightened sexual aggression of local men was, at minimal, different from the norm they were accustomed to in their home country. Some enjoyed the sexual attention and even sought it out, while others felt sexually vulnerable.

Some respondents' expressed the feeling that local Costa Rican men were extremely non-threatening in comparison to men from other parts of Latin America or the Caribbean. Tanny, an experienced international traveler, explained:

> Costa Rica is the least intimidating place to travel for women for sure. Utilla, Honduras—the week I was there—that was a bitch! [Honduran] guys just had a level of ownership over me, over my space, over what I wanted to do. Not all men, but always at least one man would prevail on me. Just a feeling of ownership—like the men feel they own the women there—ALL women.

However, respondents generally felt they were required to set the sexual boundaries between themselves and tourist men differently from that of local men. Many claimed it was much easier to negotiate sexual boundaries with tourist men. As one woman said,

> the attitude of local men is quite different, besides the ever present street heckling, sounds, whistles, whatever. The men, especially younger men I have met at the beach or bar are a bit more aggressive. They approach very friendly and remain friendly but I have been propositioned for sex within 20 minutes.
>
> As if by responding and being friendly back, not flirting, just talking, is a reason to have sex. It makes me wonder if this tactic works for them often with traveling women. It is usually—sometimes after many tries and stolen kisses—easy to say no, they usually go away.

When they felt uncomfortable or harassed, women often physically removed themselves from the social setting. Choosing to, as some respondents put it, "evacuate the location" or "just ignore them and walk away" was perhaps the most common strategy to avoid unwanted sexual attention. As one respondent noted, "there is constant harassment, but you let it pass. No one has touched me because I moved away, out of their reach when they attempted it." Another talked about the importance of dress as a signal of sexual interest, stating, "I try not to attract attention by what I wear, because just being a woman is enough of a problem. I usually act uninterested and keep the conversation brief if I feel uncomfortable."

Many women also talked about how the direct expression of sexual interest from Costa Rican men was culturally unfamiliar—though not always unwelcome. As one woman put it, "I have been propositioned many times. Anything from being approached on the beach, or sitting at a restaurant, to being straight up asked to come to '*mi casa* for sex'." Another respondent expressed a more pragmatic, and perhaps culturally sensitive outlook, in her statement that she had received, "just the 'normal' Central American attention—they like every girl here."

When asked about meeting someone they like while vacationing, women expressed various concerns and experiences. As one woman claimed, "I don't get involved emotionally because I know that I'm just one in a million white chicks they've slept with!" Her response echoed that of others, while some women expressed more ease. Tanny, for example, felt that relationships begin "almost like at home, but things happen quicker. You have to decide quicker if you like them, trust them, etc." She went on to explain, "and when you meet someone you really get along with, it's so sweet. It's like honey: you just want to taste it for as long s it lasts." Tanny added the caveat, that "with a local guy, even though it's a *machista* culture—they tell you they're not *machista*—though they are, or most of them are."

Some women expressed a cautious approach to experiencing a relationship with someone met while on vacation, stating that it is best to "move slowly, find out about the person first." But women claimed that pacing a vacation relationship can sometimes be difficult, and that this difficulty is often situational. As one woman explained, "I have met a few men that I have liked, been attracted to. One man kissed me, and I let him but did not let to go further than that, another went a bit further but [we] did not have sex."

Others expressed a more casual approach to experiencing a vacation relationship, stating that it is important to "just have fun" while recognizing the limitations of vacation romances. One participant offered that it is wise to, "take it as a consideration that everything is temporary when you're traveling."

Of 125 cases, fifty-three (42%) women reported having met a tourist or local man and begun a relationship. Fourteen percent said they had a relationship with a fellow tourist, thirty-four percent with a local, and thirteen percent with both a tourist and a local at the time the survey was administered (see Table 4).

Table 4. Reported Vacation Relationships of SFT ($n = 53$)

	% (n)
With male tourist only	14 (12)
With male local only	34 (30)
With both male tourist & local	13 (11)

When asked about problems particular to such relationships, responses highlighted communication and cultural barriers, and the transient nature of vacation romances. One response read like a laundry list, "other girls, language barrier, income, culture, lifestyle." Other women talked about the language barrier, pressure to engage in sex, and time constraints, saying "They want everything [sex] right away, and of course, the language problems." Others might recognize such constraints but not perceive them necessarily as barriers. As one woman put it, "conversation was a bit difficult (he spoke limited English), but it wasn't very serious or long-lasting so there were no real problems."

Some touristas were keenly aware of the transient nature of vacation relationships. One woman claimed the most difficult part of a vacation relationship was that "you know the date when it ends." Another women expounded on the bittersweet nature of her

experience with these words, "I met someone from Germany and we only hung out for one night and two days. It wasn't so sexual, but sweet and romantic. But it's still hard, I learned. Because I get emotionally involved, and they are usually temporary."

Respondents occasionally expressed concerns about the socio-economic disparities between themselves and their romantic partners met while on vacation. For instance, Tanny explained, "I had a relationship with a local, Juan. He'd worked in the States and had visited Denmark for 6 months because of a woman from there he met. He is very poor, and the difference in 'world privilege'—the difference between First World and Third World was so powerful. Palpable feeling of discomfort for me."

Tanny went on to discuss the development of her relationship with Juan and how it transitioned from friendship to romantic involvement. She characterized the transition this way, "we hit it off as friends and what took it to the next level was dancing. He was teaching me to *salsa* and it was like that actress and Patrick Swayze in 'Dirty Dancing'." Tanny later stated that there was some relational conflict over the use of condoms, claiming that "in sexual matters Juan fancies himself much more Western and cared about pleasing me. But he wasn't really into condoms and I had to insist."

Unlike Tanny, few women directly addressed the health risks associated with multiple sexual partners while on holiday. Instead many referred to risk associated with emotional trust and their feelings of lack of agency and control in their vacation relationship. One woman voiced her frustration with local *machista* culture that promotes a sexual double standard (Biesanz, Biesanz and Biesanz, 1999) saying "I met a local and started a relationship. You can't trust men here as much as you can at home. There are a lot of surprises, like their girlfriends! I swear, all local men cheat on their wives and girlfriends.

It's crazy." Along similar lines, another respondent stated "Often guys are married and don't admit it or have no problem with relationships outside marriage."

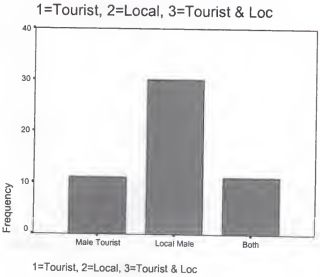
Some women also recognized that unprotected sex with a partner met while vacationing is not necessarily risk-free in terms of health. As one participants said, "I have chosen to not be sexually active while on vacation. I do not believe in casual sex, so therefore I abstain! There are too many risks involved and I am an old-fashioned girl who believes in love first, then sex!" Another put the difficulty of having a vacation relationship in simple terms, stating "I think there would be some worries over STDs."

Section B: Chi-Square Analysis

In my sample population, women traveling with more than one person were less likely to have a relationship with someone while on holiday, whether that partner was a local or fellow tourist ($x^2 = 8.11$, $p < 0.005$). In this test, variable 8 was collapsed from three categories into two. Originally, the respondents were asked if they were traveling solo, with one person, or with more than one person. I combined the numbers of women traveling alone with those traveling with one companion into a new category, which I compared to those women who were traveling with more than one companion. I then compared these two new categories to variable 19 (respondent had a relationship while on vacation).

In regards to relationship type, women were more than twice as likely to have begun a relationship with a local (34%) than with another tourist (14%). Women who checked the item "tourist" were counted only once (n=12), those who checked the item "local" were counted only once (n=30), and those who check both tourist and local were tallied into a separate category (n=11). This last group amounted to 13% of the 87 cases. Since the

field site is a comparatively high-traffic resort destination, this is not explainable merely in differences in numbers of potentially available men from each category.



Section C: Vacation Sex Quantitative Results

The third section of the survey asked women about sexual intentions on vacation, as well as vacation behaviors regarding condom purchase and use (n=127). Sixty-three women (50%) reported that they thought about the possibility of having sex abroad when planning their vacations, while sixty-four women (50%) claimed they had not. Seventy-three women (58%) claimed they would consider having sex with someone met while on vacation, while fifty-four participants (42%) claimed they would not consider sex with someone met while abroad. Thirty women (24%) brought condoms with them, and ten (8%) purchased condoms while on vacation. Eleven women (9%) reported prior intent to have sex abroad. While women were not necessarily seeking sex on vacation, forty percent reported that they chose to have condoms on hand.

In seeking to ascertain sexual risk behaviors on vacation, I initially had planned to use the question "Have you have sex while on vacation?" as it appeared in version two of the RAS (see Appendix B). This direct question was met with resistance during the pilot interview and was dropped from the instrument in version three of the RAS (see Appendix C). I developed a proxy statement, "I have initiated using condoms with a partner met on vacation." In hindsight, I realize this statement did not supply the information I was seeking. While thirty-one respondents (24%) reported that they initiated condom use, it does not give information regarding those women who might have talked about condom use with a vacation partner but did not actually engage in intercourse. It also does not identify women whose partners' initiated condom use, or those women who had unsafe sex on vacation. Participants' responses to the sexual intention and behavior items are reproduced below in Table 5.

Table 5. Responses to Sexual Intention and Behavior Items by SFT (n = 127)

	% (n)	
	Yes	No
Sexual Intention Items		
Thought about possibility of sex abroad	50 (63)	50 (64)
Would consider sex with someone met on vacation	58 (73)	42 (54)
Intended to have sex on vacation	9 (11)	91 (116)
Sexual Behavior Items		
Brought condoms on vacation	24 (30)	76 (97)
Purchased condoms on vacation	8 (10)	92 (117)
Initiated condom use w/sex partner met on vacation	24 (31)	76 (96)

Since sixty-three women reported that they had entertained the possibility of having sex abroad and thirty-one reported they initiated safer sex on vacation, there is missing information as to the behaviors of the remaining sub-sample (see Table 5 below). According to this assumption, the number of women who had sex abroad (n=31) was almost three times higher than the number of women who claimed prior intent to engage in sexual activity on holiday (n=11). Of the eleven women who reported prior intent to have sex abroad, seven reported initiating condom use and four answered 'no' to this question. However, this does not necessarily mean the latter group did not practice safer sex. The data does not permit this conclusion.

In hindsight, I should have revised the problematic question, "have you have sex while on vacation?" into two questions. The first question could have been, "I have had sex with someone met on this vacation? Yes or No." I then could have followed this with "if so, I initiated safer sex with my vacation partner? Yes or No." And finally, I would have closed the section with a question such as, "if so, my vacation partner initiated safer sex? Yes or No." This proxy statement will be revised in future survey instruments.

Given this survey shortcoming, it is interesting that nearly ten percent of single women reported their intentions to have sex abroad. In one study of gendered risky sexual behavior (Jadack, Hyde, and Keller, 1995) men report significantly more risky behaviors than women, including unsafe sex in spontaneous situations and with persons whom they did not know well. In the present study, women reported some of these same risk behaviors, including intercourse without a condom while under the influence of alcohol. In addition, as stated above, nine percent of the sample reported intent to engage in non-relational sex with a casual partner met while on vacation.

Section D: HIV Risk Assessment Quantitative Results

This section employed eleven statements with closed-end responses using a 5-point Likert scale. For each statement, respondents' were asked whether they (1) strongly disagree or (2) moderately disagree, (3) are undecided, (4) moderately agree, or (5) strongly agree. Due to the relatively small number of cases (n=128), each scale item was eventually dichotomized and recoded in the interest of simplifying the display of results. All responses of strongly disagree or moderately disagree (1 or 2) were recoded as 1 (disagree), undecided responses (3) were recoded as 2 (undecided), and responses of moderately agree or strongly agree (4 or 5) were recoded as 3 (agree).

Statement 27 and 28 explored respondents' orientation towards a more feminine or masculine gender ideology. If a participant responded to the query, "I like adventure and readily seek out new experiences" (Statement 27) with a 4 or 5, the response was coded as 5 (strongly agree) and respondent was considered to have a highly masculine gender ideology in terms of risk-taking behaviors. If she responded with a 1 or 2, the response was coded as 1 (strongly disagree) and she was considered to have a high feminine gender ideology in terms of risk-taking. If she responded with a 3 (undecided) she was omitted from either categorization.

With Statement 28, "I'm cautious rather than impulsive regarding casual sex" the scoring system was reversed. If a participant responded to the statement with a 4 or 5, the response was coded as 5 (strongly agree) and the respondent was considered to have a highly feminine gender ideology. If she responded with a 1 or 2, the response was coded as 1 (strongly disagree) considered to have a highly masculine gender ideology. And again, if the participant responded with a 3 (undecided) she was omitted from either

categorization. This coding system was used throughout the section. As a final step, I reverse-coded Statements 28, 30, and 35 to systemize the response scale as follows: 1=disagree, 2=neutral, and 3=agree.

The statistical analysis of this subsection (Statements 27 and 28) shows that ninety-two percent of the sample identify with the traditional masculine ideology of adventure-seeking, which is not surprising given that these are international budget travelers. Yet seventy-nine percent of the sample described themselves as "cautious" regarding casual sex, a risk-reduction behavior found to be positively correlated with females (Jadack, Hyde, and Keller, 1995).

Statements 29 through 34 were designed to explore women's feeling of personal risk with regards to HIV vulnerability. Statement 29 identified ninety-eight percent of cases as in agreement that casual sex is risky. While sixty-one percent disagreed with the statement, "I have never felt the need to take an HIV test," thirty-two percent agreed.

Those who had taken an HIV test on at least one occasion was roughly half of the sample, with forty-four percent in disagreement with the statement, forty-eight percent in agreement and the remaining eight percent undecided. In contrast, seventy-two percent of women agreed with that statement that, "It's a good idea to get an HIV test on a regular basis." Seven percent disagreed with this statement, with twenty-one percent undecided.

Statement 33 reads as, "Knowing someone who has HIV has increased my fear that I could get HIV." The responses were fairly evenly divided with thirty-five percent of the sample in disagreement with this statement, twenty-five percent undecided, and forty percent in agreement. Ninety-eight percent of participants correctly identified that someone who is HIV-positive can look healthy and still transmit the virus (see Statement

34). The final subsection (Statements 35 through 37) asked women about sexual communication with a new partner.

In response to Statement 35 that, "It is embarrassing to talk about using condoms with a new partner, and so I tend to avoid this," eighty-seven percent disagreed, five percent were undecided, and eight percent agreed. Statement 36 read, "I'm comfortable discussing condoms with a new partner" and had fifteen percent of respondents in disagreement, eight percent undecided, and seventy-seven percent in agreement. The quantifiable data are reproduced below in Table 6.

Table 6. Responses to Personal Risk Assessment Items by SFT (n = 128)

	% (n)		
	Disagree	Undecided	Agree
"Risk-Prone" Tendency			
Likes adventure and new experiences	1 (1)	7 (9)	92 (118)
Never felt need to take HIV test	61 (78)	7 (9)	32 (40)
Comfort discussing condoms with new partner	15 (19)	8 (10)	77 (99)
"Risk-Aversion" Tendency			
Cautious towards casual sex	5 (6)	16 (21)	79 (101)
Casual sex can put me at HIV risk	0 (0)	3 (2)	98 (125)
Health concern prompted HIV test	44 (57)	8 (10)	48 (61)
Good idea to get regular HIV testing	7 (9)	21 (27)	72 (92)
Knowing PLWA increased personal HIV fear	36 (45)	25 (32)	39 (49)
HIV+ person can look healthy but transmit HIV	0 (0)	2 (2)	98 (126)
Embarrassed to discuss condoms with new partner	87 (111)	5 (7)	8 (10)
Male responsibility to supply condoms	79 (101)	11 (14)	10 (13)

Given these results, it seems that while women claim they have little embarrassment surrounding sexual communication, their comfort-level with the topic is about ten percent lower. Finally, while an overwhelming seventy-nine percent of respondents disagreed with the statement, "It is a man's responsibility to supply condoms for sex," twenty-one

percent were either undecided or agreed with the statement (11% and 10%, respectively). Section D did not contain a qualitative component.

Section E: Knowledge and Practices Results and Analysis

This section contained both qualitative and quantifiable components. I have separated the quantitative information into Tables 7, 8, and 9 (each presented below) for clarity. Seventy percent of respondents correctly identified three HIV transmission routes (item 46). Yet 56% of cases reported participating in past sexual risk behaviors and 28% (*n*=36) reported unsafe sex with someone they thought at risk for HIV. More than 50% of respondents also reported experiences where their consumption of alcohol prevented safer sex practices. Table 7 contained an HIV knowledge item and six sex practice items.

Table 7. Responses to HIV Knowledge and Sexual Practice Items by SFT

	Yes % (n)	No % (n)
HIV Knowledge Item		
Can identify 3 HIV transmission routes (*n*=126)	70 (88)	30 (38)
Sexual Practice Items		
Easy to practice safer sex (*n*=118)	77 (91)	23 (27)
Alcohol use prevented safer sex (*n*=127)	55 (70)	45 (57)
Past risky sexual practices (*n*=128)	56 (71)	44 (56)
Unsafe sex with partner you thought at HIV risk (*n*=127)	28 (36)	72 (91)
Behave differently with risky sex partner (*n*=34)	35 (12)	65 (22)
Used condom at first sex (*n*=116)	68 (79)	32 (37)

A participant who claimed she had never experienced a "problem ever having safe sex [due to drinking]" went on to affirm, "you can still make wise decisions under the influence of alcohol." In contrast, when asked if alcohol use had ever decreased a

woman's sexual agency or contributed to unsafe sex, a more typical response was, "yes—when I was younger and not so bright."

I asked participants to define "casual sex" and then describe "safe sex" to me. Definitions for casual sex not only included the expected simple response, "one night stand," but more elaborate responses addressed length or stability of the relationship as criteria for defining casual sex. Others included emotional components of the commitment level as well, yet only a handful of answers made reference to health concerns. Women's conceptualization of risk exposure often clustered around a constellation of interpersonal relationship themes, such as length of the relationship and/or number of sexual partner within a given time period.

As one respondent described it, causal sex can be defined both as "sex with people you don't know that well" or sex with "several different partners in the course of a month." Others echoes this sense of a week's time span as critical to defining casual sex, stating that "sex with someone you've only known a week or two" or with someone you "have known less than a week" defined the relationship as casual. However, the most common definition for casual sex was a "one night stand." Some women also added, "usually drunk" to their definition of what constituted a casual sex encounter. Others defined casual sex as "unexpected" or "sex with someone you just met" or with someone you "may never see again."

Women also discussed the level of emotional attachment between the sexual partners as critical to whether a sex act could be categorized as casual or not. One woman summed casual sex up as indiscriminately engaging in "sex with anyone." Others claimed

it was "sex with someone you are not involved with" or "superficial, with someone you just met" or "sex with no emotional ties."

Other women spoke less judgmentally of casual sex, conceptualizing the experience as one of self-exploration or agency. For example, one participants claimed "to be open for sexual experiences with 'strangers,' without a relationship = one night stands." Others echoed a sense of self-actualization in such ways words as "having sex with someone, knowing you are not interested in establishing a relationship of more than sex" or "lack of emotional tie—no strings attached." Sex for sex's sake alone, commonly referred to as recreational sex, has traditionally been a privilege of men. Yet a number of respondents in this study did not necessarily attach negative judgement to women's participation in recreational sex, describing it simply as "sex that occurs with someone you otherwise would not have a relationship with" or "sex where there is no relationship."

However, more respondents expressed a tendency to describe "sex with an uncommitted partner or without an emotional attachment to the partner" as negative qualities and to conflate casual sex and unsafe sex. Many stated that "not knowing the person well or caring about them" or "sex without much thought, if any" constitutes casual sex and can carry health and sexual risk concerns. Some respondents conflated casual and unsafe sex into one category by describing the former as "not really knowing the person, and not using protection." Others also framed the definition of casual sex in terms of risk exposure and vulnerability, as in "having sex with somebody who hasn't been tested and whose history is not known." One respondent described "taking risks, risking your life and other's lives" as casual sex, though this seems anything but 'casual.'

This brings us to the definition of safe sex as respondents conceptualized this term. When asked to describe safer sex, Elizabeth gave this response,

> safer sex means doing what you can to reduce risks of disease transmission. One thing that's difficult is that a lot of women become sexually active before they become fully confident. You gotta have confidence in yourself.
>
> You're more concerned with looking cool when you're younger and to say "stop" isn't going to make you cool. The first time I had sex, I was pretty drunk and had sex with this guy I didn't know. I was 16 and it was the first time I'd ever had sex. We were in the front seat of his pick-up. He didn't use a condom and I made him stop having sex . . . It's most difficult when you're young, but generally, I think it's changing—I think people recognize that they JUST HAVE TO use a condom. I used to be less diligent, but now I'm more careful and always insist [after] I took a course on AIDS.

Elizabeth also discussed condom availability, saying,

> one of the things that's really funny about being with someone is finding out where they keep their condoms. Like, are they really easy to get to, like in a drawer by the bed? Or put away in the first aid kit! And a guy that has condoms stashed all over his room—makes you wonder about him—like wow, he gets around too much.

When asked, "How easy is it to practice safe sex?" seventy-seven percent of responses (n=91) were coded as agreeing that it is "easy" or qualified their responses as "pretty easy" or "easy enough" to practice safer sex. However, the qualitative data reveal that women were conflicted about the ease of practicing safer sex. A variety of illustrative responses are thematically grouped around barriers including misuse of alcohol, partner reluctance, use of oral contraceptives, ability to effectively or assertively communication the desire for safer sex, availability of condoms, ambiguous responses, or getting caught up in the moment. A respondent describes the practice of safer sex as "fairly easy," yet immediately adds the disclaimer that having safer sex is "hard in situation when drinking is involved and you haven't had companionship in a while [or you are] not able to use condoms."

Her thoughts echoed a majority of responses that began as declarative statements and ended on a more ambiguous note. Other typical responses included, "it's very easy. The main risk may be if you get drunk and it more difficult to be sure the condom's put on well" and "easy, especially if you're sober." Based on such responses, it seems that alcohol consumption is a barrier to safer sex, despite a majority of participants' initial response that practicing safer sex is 'easy.'

Another area in which participants were likely to identify themselves as vulnerable was their male partner's reluctance to practice safer sex. As one woman put it, "acquiring protection is not a problem, getting your partner to use it is the difficult part." Others discussed how the use of oral contraceptives acted as a barrier to the practice of safer sex, stating "it can be hard, always using condoms when you are on [birth control] pills."

Typical responses that centered around the availability of condoms, claimed that safer sex is "as easy as pulling out a condom." But while many claimed safer sex was "easy" they also included qualifying statements such as "you just have to want to do it" or "as long as I have condoms" and "just bring condoms (enough)." As one woman reported, the practice of safer sex is "fairly easy" but that "you have to plan ahead if you know you want to have sex with a partner." She went on to add, "the hardest part is waiting when you don't have a condom ready." Others gave more ambiguous responses, such as "depends on availability of contraceptives I guess" as to whether they had carried out the practice of safer sex.

Sexual communication, according to many women, was important to reducing barriers to safer sex practice. According to some, safer sex is "easy with honesty, and total disclosure" and "easy if you're comfortable talking about it." But other responses

point out the gap between intention and practice in such statements as "it is easy, but I've not always" and "not as easy as talking about it in theory." Some women also conveyed high levels of self-assertiveness when responding to this question, such as one's statement that practicing safer sex is "easier than brushing your teeth." Other statement that pointed to self-efficacy were "very—if you care enough about yourself" and the realistic response that "it's not a question of how easy it is—you make it happen."

One respondent described the practice of safer sex as "very easy" but then added the disclaimer that "I have had only one sexual partner." Reducing the number of sexual partners is considered a standard risk-reduction behavior. However, this may not be a good plan in terms of establishing good safer sex practices, since it is common for young people to delay marriage and have numerous serial monogamous relationships prior to marriage. Others described situational barriers to safer sex, such as "sometimes it can be difficult to interrupt the flow."

Women claimed that despite their better intentions, implementing safer sex practices is "not very easy when you get swept up in the moment" or "when momentum grows." The gap between safer sex intent and practice is expressed in the ambiguous response of one participant, who claimed that the ease of implementing safer sex was "a 5 . . . [on a scale of] 1 to 10." Occasionally, women expressed statements reflective of positive self-assertiveness related to ease of condom use that later proved incongruent with a response relating to safer sex behavior. For example, a respondent described using a condom as, "easier than brushing your teeth." Yet when asked the follow-up question, "what happens if you don't have a condom?" the respondent replied that, "he pulls out." Though she did not explicitly explain this statement, it is likely that the respondent was referring to

withdrawal, a less-than-effective method of birth control that involves the practice of the male removing his penis from his partner's vagina just prior to ejaculation (Crooks and Baur, 2002).

An old joke asks the question, "what do you call a guy who practices withdrawal? A dad!" This joke highlights the failure rate of withdrawal for pregnancy prevention, a practice that is also a less-than-effective method of HIV prevention. Withdrawal prior to ejaculation can help reduce the risk of male-to-female HIV transmission. However, withdrawal is a poor substitute for correct and consistent condom use. Based on such responses, it seems that while some women in the present study made assertive safer sex statements, these may not always translate into safer sex practices.

Among 116 respondents, the youngest age of sexual initiation was age thirteen (n=1) and oldest was age twenty-six (n=1). The mean was seventeen, the median was seventeen, and the mode was sixteen years. By the age of eighteen, ninety-six (83%) of respondents were sexually active. Seven (6%) initiated sex at age fourteen, and twenty (17%) at age fifteen. At age sixteen, twenty-six (22%) had initiated sexual activity, twenty-five (22%) at age seventeen, and seventeen (15%) at age eighteen. Ages fifteen through seventeen showed highest levels of sexual initiation. According to the CDC (1998), seven percent of students drawn from a nationwide sample reported initiating sexual intercourse before age thirteen, with forty-three percent by age fifteen, and sixty-one percent by age eighteen.

Among 111 cases, the number of lifetime sex partners had a mean of seven, a median of five, and mode of one, with a range between one (n=15) and forty (n=1). Fifty-six reported between one and five lifetime partners, thirty-four reported between six and ten

lifetime partners, thirteen reported between eleven and fifteen lifetime partners, and eight reported sixteen or more lifetime partners.

Among 116 cases, thirty-two percent (n=37) reported non-condom use at first sex. Sixty-eight percent (n=79) reported using a condom at first sex, a rate that is contraindicated by the available literature. Given that respondents in the present study reached the same level of sexual initiation (7%) a year later than the national average age of thirteen years (CDC, 1998), it may be that even a year of delayed sexual activity has a positive impact on safer sex behaviors. Two sexual history items are reproduced below in Table 8.

Table 8. Responses to Two Sexual History Items by SFT

	Mean	Median	Mode
Age at first intercourse*	17	17	16
Lifetime number sex partners**	7	5	1

*n=116, Range=13-26 years
**n=111, Range=1-40 partners

Almost fifty percent of respondents (n=128) self-identified as "medium" consumers of alcohol, based on a typical drinking episode in which no more than four drinks were consumed (see Table 9 below). According to respondents, fifty-five percent (n=127) had also previously experienced unsafe sex due to alcohol use. The present study can't quantitatively support the current literature's findings that conspicuous alcohol consumption is an integral part of many tourists' vacation activities. Yet my observations of excessive drinking among many tourist women suggests that overuse of alcohol may contribute to unsafe sex.

Table 9. Reported Alcohol Consumption Per Typical Drinking Episode (n =128)

	% (n)
Non-drinker	4 (5)
Light (1-2 drinks/episode)	37 (47)
Medium (3-4 drinks/episode)	49 (63)
Heavy (5+ drinks/episode)	10 (13)

Section F: Quantitative and Qualitative Analysis

This section included fourteen questions of both a qualitative and quantitative nature. Among 110 cases, eighty-eight (80%) said that it was difficult to insist on condom use. Among 115 cases, forty-two (37%) claim they have had unprotected sex when a condom was unavailable, forty-seven (40%) reported they have had to insist on condom use, and sixty-nine (60%) reported an episode where they wanted to use a condom but didn't. Among 117 cases, thirty-three (28%) said they had felt negatively judged for wanting to use a condom.

When asked, "In what situations do you find it most difficult to insist on condom use?" a recurring theme that emerged from the qualitative data was that alcohol consumption inhibited safer sex. As one woman put it "when alcohol is involved" the ability to insist on condom use was lowered. Condom unavailability was also a common theme, and women reported participating in condomless sex "if there is not one" readily available. Using oral contraceptives and/or being in a long-term relationship were also barriers to safer sex. Conversely, having sex with a person the respondent didn't know well also emerged as a barrier to safer sex.

As one woman put it, the situation in which she found it most difficult to insist on condom use was when having sex with a "new partner" and the "first time" sex occurred. The variability of women's response to the question, "when do you feel you need to use a

condom?" is indicative of the many factors influencing an individual's decision to engage in unprotected sex. This variability is reflected in statements such as, "when it's not a long term relationship, and I'm not on the pill" and "if it's 'casual sex' or I don't know very much of the past of the person."

In response to the question, "what happens if you don't have a condom?" seventy-three (63%) of the women reported responses such as "kiss 'good night!' – no sex" or "don't have sex ☹, or go to the store." However, forty-two (37%) of respondents reported participating in unsafe sex, or qualified their "no sex" responses with the caveat "usually" or "depends." Some typical responses included a variety of risk-reduction behaviors, such as the withdrawal method (discussed above), abstaining, or obtaining a condom. One woman noted her risk-reduction behaviors in these terms of getting her partner to "pull out b/4 ejaculation or no sex," and others confirmed this practice with statements such as "he pulls out."

Other responses were more ambiguous, such as those that centered on trust or relationship attributes. While one participant claimed "mostly no sex," she added "depending on the person (i.e. if they've been tested and I'm on birth control)." Another stated, "trust my partner, or we talk." There were also respondents who readily admitted that they had not engaged in self-protective behaviors, or had done so sporadically. For instance, one participant initially said that she would "go to the store," and then qualified her statement with "or usually after foreplay be dumb and have sex anyways." Another responded with the simple yet eloquent reply of "oops."

In response to the question, "Has there ever been a time when you wanted to use a condom but didn't?" sixty percent of respondents said this was true. When asked, "who

usually supplies condoms for sex?" fifty-six percent of respondents reported the male partner, and thirty-three percent reported either partner, while eleven percent identified themselves. The quantitative data relative to condom use attitudes and behaviors appears in Table 10.

Table 10. Reported Attitudes and Behaviors Regarding Condom Use

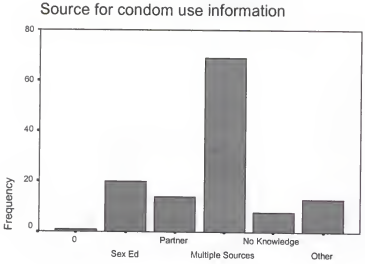
	Yes	No
	% (n)	% (n)
Attitudes regarding condom use		
Difficult to insist on condom use (*n*=110)	80 (88)	20 (22)
Felt judged for wanting to use condom (*n*=117)	28 (33)	72 (84)
Behaviors regarding condom use		
Had unsafe sex when condom was unavailable (*n*=116)	60 (69)	40 (47)
Had to insist on condom use (*n*=116)	40 (47)	60 (69)
Wanted to use condom but didn't (*n*=116)	60 (69)	40 (47)

Respondents were asked to identify how they acquired their knowledge of condom use through the following sources: sexual education class or educational course, clinic setting, a partner, or 'other' and asked to specify the source. They were also given a response category of 'don't know how.' Respondents were allowed to circle more than one source, and those who did so were grouped into a 'multiple sources' category. Of the 125 women who responded to this question, sixty-nine (55%) identified multiple sources for their knowledge of condom use, twenty (16%) identified an educational course, fourteen (11%) identified a partner, thirteen (10%) identified 'other' and eight (6%) claimed they did not know how to use condoms. Among those claiming the 'other' category and who specified the source, parents were the most frequently listed. Reproduced in Table 11 are responses to two condom use-related items.

Table 11. Responses to Two Condom Use-Related Items by SFT

	% (n)
Who usually supplies condoms for sex (n=118)	
Self	11 (13)
Male partner	56 (66)
Either	33 (39)
How did you learn to use condoms (n=125)	
Multiple routes	54 (69)
Sex Ed/Class	16 (20)
Male partner	11 (14)
Other	10 (13)
Don't know how	6 (8)

The qualitative responses to the question, "How did you learn to use condoms?" included such answers as from family members such as parents, brother, or sister, as well as friends and the media. One women stated that she had learned how to use condoms from reading the "box directions—common sense," while another said "limited Sex Ed class," as well as "trial and error—none so far thankfully!" A third tourista stated simply "don't know how." Reflecting the qualitative responses of participants, the chart below graphically illustrates that significant numbers of women in this study were drawing from multiple knowledge sources to gain condom use information. Sexual education courses in high school and college were the most cited single source. When participants mentioned media sources, they cited magazines as the informational resources they found most helpful. While health-related web sites are plentiful, no participant mentioned the web as a source for HIV and safer sex information.



The qualitative data regarding sources of condom information illustrates that the sample wanted and appreciated parental communication about safer sex, in addition to peer support. When asked, "Do you wish you had learned a better way? Suggestions for this?" some answers highlighted the importance of peer support. As one woman said "I was encouraged by everyone, which makes me all the more comfortable to assume that one should ALWAYS use a condom. I think peers are a very important support method." Other responses highlighted the importance of parental involvement, such as "mom's the best teacher," and "my parents helped me with a lot of things and we had 'the talk'." Women also voiced the wistful comment that "open minded parents would have helped" them as they began to cope with issues of sexual health. One Swiss respondent talked about the important role that public health media played in informing her about safer sex,

> teen magazines [and] film trailers were very good. I learned much about the practice of using condoms from teen magazines. That was very common. There was a page on Michael Jackson, a page on Tina Turner, a page on using condoms correctly. And the magazines had a health column and you could

> write the magazine a question and a doctor would answer. It was a very good way to learn.

Women also had many suggestions for improving condom use information, especially through the educational system and more hands-on demonstrations. A typical response included "I wish when I had learned in school [and] we got to practice it, because it isn't that easy to do it and it's easy to mess up and you're nervous anyway." Others reflected this sentiment in that they would have liked "more discussion in sex ed—not only methods but need for condoms," and "hands on with a banana or some sort of object [in sex ed class]." As one woman said,

> maybe in school; make it a normal part of a lesson, biology for example. Only showing how men and women make love is not enough. Let them try and feel the condoms themselves. Hopefully then it gets better.

Women who voice high levels of confidence regarding knowledge of condom use had interesting responses to the question, "do you wish you had learned a better way?" Some responses seemed to reflect a positive experience with the sex education training they had received in junior high and high school. One tourista claimed that, "Sex Ed was a great experience for me." Another went on to praise the lengths to which she had been exposed to sex education throughout her academic career with these words,

> I'm from California and we had Sex Ed class starting like in 4th grade and every year after that, even in a Sociology class in college, and my Biology class. So I feel like I really know a lot about how to be safe.

When asked a follow-up question, "how do you think getting that message so early and then repeatedly affected you?" this respondent replied that "I think it made me really aware and really comfortable with the whole idea." Results from other parts of this section's qualitative questions were compelling. For example, Sheri communicated

attitudes and behaviors typically more self-assertive than many of the other women's responses:

Q: When do you feel you need to use a condom?

Sheri: Always – until a serious monogamous relationship is established.

Q: Who usually supplies condoms for sex?

Sheri: Either.

Q: Is this discussed beforehand?

Sheri: No.

Q: What happens if you don't have a condom?

Sheri: No sex! Good kissing ☺

Like many in the group of more assertive women, at 28 years, Sheri was older than the majority of respondents. She reported twenty-five lifetime sexual partners. These two factors may have given her more experience with sexual communication, including condom negotiation skills. Sheri reported one relationship with a local man, purchased condoms on vacation, and initiated condom use with her partner.

Angela discussed a period in her life were she felt invincible, a sentiment recognized as particularly dangerous for adolescents since they are often engaging in more risky behaviors during this period of their lives. Angela recalls, "I think everyone goes through that one stage in their life where 'nothing will ever happen to them' and they think everything is fine. Thank God I lived through mine and now I have a better, more responsible view of myself and others." In contrast, Cydney relates her frustration at the lack of information she felt available to her in this passage,

> I grew up in Catholic school, and I was never told the 'whole' thing. I remember, like in 5th grade, we had Sex Ed, but even if you had a question you couldn't ask anybody because the response would be, "Why would you want to know that ???!!!"
>
> I wanted to be a good Catholic girl so I didn't even ask questions because I was afraid to ask. I was afraid of what people like the teachers and the other girls would think or say about me.
>
> And once I had sex [at age 17] I was so scared I'd go wild, because I knew I was going to like it. That's natural to like it. My mom grew up in Catholic school – I think that really effected me. Because she was so repressed and we never talked about anything to do with sex. NOTHING.
>
> And when I finally had sex I felt really bad about myself and got really depressed. And I got really mad at my boyfriend because I thought he was too pushy and rushed it. Only a month [after we started to date]—and it was too soon! He could have waited a little longer and not pushed me so hard.

In the above passage, Cydney related her frustration at the lack of adequate sexual health information she felt had been available to her as an adolescent as she tried to balance being a "good girl" and wanting more knowledge of sex. She also recalled her frustration that her first sexual experience was coercive to the point that it left her feeling "really bad about myself." Cydney talked about how soon after her first experience of sexual intercourse, she became angry with her boyfriend. According to Cydney, her anger emerged as a result of his impatience to have intercourse. As Cydney put it, her boyfriend "pushed me so hard" to have sex before Cydney felt ready. When she related this information to me, during an interview in my cabina one evening, her voice began to shake and her eyes filled with tears as she recalled her feelings from four years ago.

As discussed earlier in this chapter, in terms of Fontana's critique of Liebow's classic study, *Tally's Corner* (1967), ethnography is an essentially interpretive process. Therefore, I feel that an extensive quotation from Cydney and other participant statements is instructive and justified. Cydney's words, as well as that of other respondents, has help to document the contradictions and inconsistencies that many

participants expressed regarding the sexual discourses that permeated their intimate relationships and impacted their safer sex behaviors.

Early in this paper, I argue that media culture has had an impact on the changing nature of female sexuality and sexual identity in the United States since the social movement commonly referred to as the "Sexual Revolution" that began in the 1960s in this country. In the present study, quotes from participants have been used as springboards from which to interpret the numerous contradictions and incongruities that emerged from analysis of the qualitative and quantitative data.

For example, many women who participated in the study voiced statements that captured their personal feelings of positive empowerment and self-efficacy. Yet the qualitative interpretation of their responses also raises questions about the objective and totalizing nature of such an evaluation. Many women in the study also voiced statements that seemed to capture their contradictory feelings of vulnerability and self-doubt regarding gender ideologies and sexual expression. Because sexual discourses are both normative and constantly under contestation, it is expected that a study of gendered power dynamics would highlight such contradictions.

Summary of the Study Findings

Results from this study lend meaning and support to the following findings:

1. A number of single young women were sexually active while on vacation. Of 127 cases, eleven (9%) reported prior intent to have sex abroad, and sixty-three (50%) considered the possibility of sex abroad when planning their vacation. Though seventy-nine percent of the sample (n=127) agreed with the statement, "I'm cautious rather than impulsive regarding casual sex," seventy-three (58%) respondents reported that they

would consider having sex abroad. However, only thirty women (24%) brought condoms with them. Another ten (8%) reported that they had purchased condoms while on vacation. And thirty-one (24%) women reported initiating condom use with a partner met on vacation.

Of 125 cases, forty-two percent of women reported a vacation relationship. Women were more than twice as likely to have begun a relationship with a local (34%) than with another tourist (14%), even though the numbers of male tourists in the area was relatively equal, or may have even exceeded the number of eligible male locals. Women traveling by themselves or with one female companion were significantly more likely to engage in vacation relationships.

2. Over seventy-five percent of respondents claim it is "easy" to practice safer sex, and they are "comfortable discussing condoms with a new partner." However, many women in the study also said they do not always insist on safer sex. The percentage of women who reported at least one sexual act in which they "wanted to use a condom but didn't" came to sixty percent of 116 respondents. Twenty-eight percent (n=117) have felt judged for wanting to use a condom. Over seventy-five percent of the sample claimed high comfort levels regarding safer sex communication (see items 35 and 36). Conversely, over eighty percent (n=110) of respondents' agreed that it is "difficult to insist" on condom use. The sample reported that they more frequently practice unsafe sex with a primary male partner with whom they have expectations of monogamy. They also reported more frequent unsafe sex when they are using oral contraceptives.

3. Among 116 respondents, the youngest age of sexual initiation was 13 years (n=1) and oldest was age 26 (n=1). By the age of 18, eighty-three percent of

respondents were sexually active. Six percent initiated sex at age 14, and seventeen percent initiated sex at age 15. At age 16, twenty-two percent of respondents had initiated sexual activity, twenty-two percent initiated sexual activity at age 17, and fifteen percent initiated sexual activity at age 18.

4. Though seventy-two percent of 128 respondents thought it "a good idea to get an HIV test on a regular basis, less than fifty percent of the sample (n=110) have taken an HIV test themselves. On the other hand, thirty-nine percent of the sample reported that knowing an HIV-positive person has "increased my fear that I could get HIV." Respondents' sense of personal vulnerability to HIV seems to be fairly divided.

5. Seventy percent of 126 respondents correctly identified three HIV transmission routes (item 46). I expected this number might be higher, given that sixty-two percent of participants claimed at least one year of college or the equivalent. However, fifty-six percent of participants reported engaging in past risky sex, and fifty-five percent reported past unsafe intercourse while under the influence of alcohol. Forty percent (n=116) claimed to have had unprotected sex when a condom was unavailable, forty percent reported having to insist on condom use, and sixty percent reported at lease one episode of unsafe sex where they had wanted to use a condom but didn't. Twenty-eight percent (n=117) also reported that they had felt negatively judged for wanting to use a condom during sexual intercourse.

6. Among 125 cases, fifty-four percent identified multiple acquisition routes to knowledge of condom use. Sixteen percent identified a sexual education or other academic course as their source of condom use knowledge. Eleven percent specified a

sex partner, and ten percent specified another route (including parental or peer guidance). Six percent of respondents reported they did not know how to use condoms.

7. Though only ten percent of respondents agreed with the statement that it is the male's responsibility to supply condoms for sex, eleven percent of respondents (n=128) were undecided (see item 37). When asked, "Who usually supplies condoms for sex?" over fifty percent of 118 participants identified their male partner and another thirty-three percent identified either themselves or their partner. While the development of the female condom as a 'female-controlled' barrier method is touted, only one respondent mentioned the female condom in her survey response. When prompted, the respondent identified herself as a health care provider. The issue of women's sexual empowerment through use of the female condom will be discussed in the concluding chapter in terms of the larger issue of gendered power dynamics and women's self-efficacy. Using these finding as a springboard, I will also discuss how anthropological methods can contribute to prevention research on the heterosexual transmission of the HIV virus.

CHAPTER 6
DISCUSSION AND RECOMMENDATIONS

> The tension between sexual danger and sexual pleasure is a powerful one in women's lives. Sexuality is simultaneously a domain of restriction, repression, and danger as well as a domain of exploration, pleasure, and agency.
>
> (Vance 1984:1)

Introduction

Within the United States, the conception of women's sexuality has undergone a dramatic shift since the nineteenth century. This shift accelerated in the 1960s, which marked a period of dramatic social reform and liberalization across America's cultural landscape. Women's advances in sexual autonomy were augmented by improvements in female-controlled pregnancy-prevention methods, especially the introduction and widespread adoption of oral contraceptives. However, increased control by women over their reproductive and erotic selves continues to be contested territory even into the twenty-first century.

Many women who have grown to maturity since the 1960s first brought a promised era of sexual liberation to mainstream America have found that this promise remains unfulfilled. Erotic license, sexual agency and the exercise of power do not automatically go hand-in-hand. Despite continued challenges by theorists and activists, the politics of sexuality remain deeply embedded in heterosexist gender constructs that inform our notions of appropriate male and female sexual behaviors. For many women in the United States, the exercise of sexual agency has not presented a deep and lasting challenge to gendered power constructs. Such constructs often continue to dichotomize male sexuality

as separate from, privileged above, and in polar opposition to female sexuality. As Simon and Gagnon (1999) have found, "part of the historical record of sexism is that women rarely have been selected for sexual roles on the basis of their own interest in sexual pleasure" (p. 32). Young women coming of age in the last few decades have witnessed male privilege in many aspects of social life, and many have bought media culture's message that traditional male sexual prerogatives are available to any woman who just has the guts to "go for it."

A liberalization of sexual politics has changed the definition of what it means to be a "good" woman in contemporary America. According to Vance (1984) the category has expanded "to include relatively respectable forms of unmarried and non-procreative heterosexuality" while allowing that "gross and public departures from 'good' woman status, such as lesbianism, promiscuity, or non-traditional heterosexuality, still invite—and are thought to justify—violation" (p. 3-4). While "good" woman status can now include one who is sexually active, many young women remain conflicted regarding their own sexuality and the exercise of erotic license. They may not overtly recognize that social sanctions continue to govern their sexual selves differently from their male counterparts, yet young women continue to walk a line between challenging the double standard and preserving their "good" woman status.

Adolescent and young woman are increasingly sexually active, yet as the findings in the present study attest, gendered power dynamics can significantly affect their safer sex behaviors. And although adolescent and young women are increasingly at risk of acquiring HIV (CDC, 2002a), the role of gendered power dynamics in their developing sexual ethos is poorly characterized at present, even as it is recognized as a contributing

factor in the HIV risk behaviors of women (Asencio, 1999; Sobo, 1995). The following chapter discusses the finding of the present study and is organized into several sections, including an overview of the study, limitations of the study, major findings, discussion, current HIV prevention efforts, recommendations for future HIV prevention efforts, and further research goals.

Overview and Limitations of the Study

The objectives of this study were to collect information on the sexual risk behaviors (both past and present) of single female tourists (SFT) vacationing abroad, and to examine the role of gendered power dynamics in relationship to participants' sexual risk behaviors. Qualitative and quantitative data were collected from participants via the Risk Assessment Survey (RAS), which was administered on-site at a tourist destination in Jacó, Costa Rica, Central America, in 2001. The RAS queried participants on their knowledge of HIV, sexual risk-taking behaviors, and barriers relating to safer sexual practices. Participants were single, heterosexual women (n=128) who were a minimum of 18 years old and identified themselves as sexually active heterosexuals.

One limitation of the study is that I did not keep a tally of the total number of women who met the inclusion criteria but declined to participate in the study or withdrew their participation before completing the survey. One hundred twenty-eight women meeting the inclusion criteria (18 years of age or above, able to speak and write in English, sexually active, and traveling unaccompanied by a male partner) were included in the data analysis. While the number of declines from women who met the eligibility requirements was small (approximately nine women), future research will include the collection of data for calculating an accurate response rate.

Other limitations relate to missing data due to incomplete surveys and to participant recall bias. Since the research asked participants about behaviors within the specific time limit of their present vacation as well as past behaviors, it is likely that reports reflect recall bias. According to Fowler (1993) there are always participants who do not answer every survey question, although nonresponse to individual questions is usually low. In the present study, nonresponse varied somewhat depending on the nature of the question. For example, while demographic questions got a high number of responses (n=128), three of the most sensitive questions received much lower response rates. The variables "age at first sex" and "condom at first sex" had 116 respondents. With 111 respondents, the variable "lifetime number of sexual partners" had the least responses on the survey.

Finally, the sample was a relatively small and unique population, and therefore, was non-representative. These finding may not be generalized to all sexually active young women or to another population of tourist women at another vacation venue. This study examined a sample of heterosexually active women recruited while visiting a vacation destination. The sample predominantly included white females of similar age, education, and sexual orientation, with a sub-sample of Asian and Hispanic women. Of the four African-Americans encountered at the field site, two were ineligible due to being under 18 years of age, and the remaining two declined to be interviewed. Given these limitations, the extent to which the findings can be generalized to other demographic subgroups of young women calls for further investigation.

According to Bernard (1995), "ethnography is the surest method to achieve understanding of how things work in a group of people we have talked to and observed. Representative sampling is the only way to take that understanding and extend it to

people who whom we haven't studied—people in the rest of the community who we didn't talk to or observe" (p. 96). Expanding the qualitative components of the present study to a more representative sample of young women would be beneficial to increasing the understanding of gendered power dynamics in relationship to young women's sexual behaviors that may put them at risk of acquiring HIV.

Expanding the present study to a more representative sample of young women is called for, as is replicating the study among a similarly educated minority population. As mentioned above, the majority of participants were white females with approximately two years of college education. Replicating this study among female African-American college students on spring break is justifiable. In addition, research designed to examine the sexual risk behaviors of young men on vacation would also yield useful information on the role of gendered power dynamics.

Synopsis and Interpretation of Findings

Interpretation of the findings in any research project is difficult and challenging, the more so when one is attempting to understand the complexities of human behaviors associated with sexuality. In the present study, a pristine interpretation of the data is rendered more challenging due to both the integrative methodology and the multiple factors that influenced respondents' sexual behaviors. The various factors that may have directly or indirectly influenced respondents' sexual behavior included travel abroad, vacationing solo or with only one companion, prior intent to engage in sex on holiday, alcohol consumption while on vacation, to name only a few. Below I present a summary of the findings as well as interpretations drawn from the data that lend meaning and support to the conclusion and observations.

Respondents ranged between 18 and 33 years of age, with a mean of 23 years, a median of 22 years, and a mode of 19 years. Ninety-seven women (76%) were traveling solo or with 1 female companion, and a sub-sample of twenty-one women (n=41) identified this trip as their first solo travel. Among those who responded to the questions regarding participation in relationships with persons met while on holiday, fifty-three (42%) respondents reported a vacation relationship, though such a relationship might not necessarily have included sexual activity. Women were more than twice as likely to have begun a relationship with a local (34%) than with another tourist (14%), and an additional thirteen percent of respondents reported a relationship with both a tourist and a local during their vacation (n=125).

While eleven (9%) of 127 respondents reported prior intent to have sex abroad, another sixty-three (50%) reported that they considered the possibility of sex abroad when they were planning their vacation. Given these figures, it is interesting to note that:

- 73 (58%) respondents would consider having sex abroad,
- 30 (24%) brought condoms with them,
- 10 (8%) purchased condoms while on vacation (n=127), and
- 31 (24%) reported initiating condom use with a partner met on vacation (n=127).

Age at first intercourse among the sample is reflective of national trends in the general population. Youngest age of sexual debut was 13 years and oldest was 26 years (n=1 of 116 for each category). By the age of 18 years, 83% were sexually active. For readability, these sub-samples have been broken down into "age at first intercourse" categories and the corresponding percent of participants who self-reported debut of sexual activity as follows:

- Age 14: 6% became sexually active
- Age 15: 17% became sexually active
- Age 16: 22% became sexually active
- Age 17: 22% became sexually active
- Age 18: 15% became sexually active

Among the participants, general knowledge of HIV risk and protective measures was relatively high. For example, seventy percent correctly identified three HIV transmission routes. Despite this, fifty-six percent of respondents reported engaging in past risky sex; and fifty-five percent reported past unsafe intercourse while under the influence of alcohol (n=126).

In addition, sixty percent reported a past sexual episode where they wanted to use a condom but didn't (n=116), and forty percent claimed to have had unprotected sex when a condom was unavailable. Forty percent (n=116) of respondents also reported having to insist on condom use, and twenty-eight percent (n=117) reported they had felt negatively judged for wanting to use a condom.

Among 125 respondents, fifty-four percent identified multiple acquisition routes to knowledge of condom use. Sixteen percent identified a high school sex education class or other course as their source of condom knowledge, while eleven percent specified a sex partner. Ten percent specified another route, including parental, sibling or peer guidance. Six percent of participants reported that they did not know how to use condoms.

Although the sub-sample is small, it is discouraging that of eleven women who intended to have sex abroad, not all brought condoms or purchased them abroad. Seven women in this sub-sample brought condoms with them, and one participant purchased

condoms at the vacation site, while three women left condom availability in the control of their vacation partner. Thirty-seven percent of women in the sample (n=115) stated that condom unavailability led to past unsafe sex, a finding with potential import to reducing women's sexual risk behaviors.

Since eighty percent reported it is difficult to insist on condom use, it would be worth investigating whether a woman who had obtained condoms was more likely to insist on safer sex than a woman who relied on her partner to supply them. While twenty-four percent (n=31) reported initiating condom use with a partner met on vacation, it was not until after the administration of the survey was well underway that I realized the question was ambiguous. This ambiguity makes the data difficult to interpret.

While women who came to Jacó with acknowledged intent to actualize the 'promise of sex' abroad may also be the least at risk of participating in unsafe sex with a partner abroad, the data does not allow a direct conclusion. In future surveys, wording of this item will be changed. However, the findings highlight the confusion women held regarding safer sex communication and negotiation within sexual relationships.

For example, forty percent of respondents reported they did not abstain from sexual intercourse when a condom was unavailable (n=111). Among the sixty-seven women who reported five or more lifetime partners (n=111), twenty-five also reported that they had participated in past unsafe sex. Among the forty-four women who reported less than five lifetime partners (n=111), fifteen also reported past participation in unsafe sex.

Factors associated with unsafe sex included alcohol consumption, difficulty discussing condom use with a partner, oral contraceptives, and belief that condoms interfere with sexual pleasure. These factors are potentially amenable to change.

Relationship factors that influence unsafe sex practices are more difficult to identify. The length or duration and the perceived seriousness of the relationship were both positively and negatively associated with condom use. Some reported embarrassment or communication difficulty discussing safer sex with a new or casual sex partner. Others reported consistent condom use with new/casual sex partners, but condom use is not maintained as a relationship progresses or they begin to take oral contraceptives.

Gender, Power and Sexual Agency

One of the most prominent underlying features that emerged from this project is that single female tourists (SFT) have varied motives for vacation travel to a foreign country. These, in turn, may play a role in their participation in unsafe sex while abroad. As stated in Chapter 2 of this paper, much of the marketing bent on attracting Euro-American leisure travelers to the Caribbean invokes sexualized imagery. According to Campbell, Perkins and Mohammed (1999), "either implicitly or explicitly, the package of sun, sand, and sex is gift wrapped with the promise of sex" (p. 152). While such marketing continues to be primarily male-oriented, Euro-American women are increasingly able to afford international travel, sometimes with the expressed intent to engage in sex abroad, and willing to discuss their experiences with such vacation behaviors.

In the present study, nine percent of participants (n=11) reported prior intent to have sex abroad and fifty-eight percent (n=73) claimed that they would consider having sex abroad. It is encouraging that forty women either brought condoms with them (n=30) or purchased condoms while on vacation (n=10), for a total of thirty-two percent of the sub-sample. Yet twenty-six percent of the same sub-sample of seventy-three respondents (58%) who would consider sex abroad did not bring condoms or purchase them on

vacation. Therefore, it seems that some women may inadvertently leave condom availability in the control of their vacation partner.

Condom availability was commonly reported as a contributing factor to the practice of safer sex among respondents. Yet a significant percentage of women who claimed that they would consider sex with a nonrelational partner did not actively engaged in self-protective behaviors by having condoms in their possession. And although the sub-sample is small, it is discouraging that of the eleven women who claimed (sometimes quite enthusiastically) that they intended to engage in sex abroad, not all reported that they had brought condoms or purchased them abroad.

Seven women in the sub-sample of eleven participants who reported their intention to have sex while on vacation said they brought condoms with them. One woman reported she had purchased condoms at the vacation site. At the time of the survey, the remaining three women left condom availability in the control of their male vacation partner. In light of the fact that thirty seven percent of women in the sample (n=115) stated that condom unavailability led to past unsafe sex, this is also a finding with potential import to reducing women's sexual risk behaviors. Since eighty percent of respondents reported that it is difficult to insist on condom use, it would be worth investigating whether a woman who had obtained condoms was more likely to insist on safer sex than a woman who relied on her partner to supply them.

While thirty-one (24%) women in the present study reported initiating condom use with a partner met on vacation (survey item 26), interpretations of this survey item are difficult. It was not until after the administration of the survey was well underway that I realized the question was problematic due to unintended ambiguity (see Chapter 3 for a

more in-depth discussion). This ambiguity makes the data difficult to interpret. While women who came to Jacó with the acknowledged intent to actualize the 'promise of sex' abroad may also be the least at risk of participating in unsafe sex with a partner met on vacation, the data does not allow such a clear and direct conclusion. However, the findings highlight the confusion women held regarding safer sex communication and negotiation within sexual relationships.

One of the most important underlying features that emerged from this project is that single female tourists have varied motives for participating in unsafe sexual behaviors. Forty percent of respondents reported they did not abstained from sexual intercourse when a condom was unavailable. Among the sixty-seven women with five or more lifetime partners (n=111), unsafe sex when a condom was unavailable was reported by twenty-five respondents. Among the forty-four women with less than five lifetime partners (n=111), unsafe sex when a condom was unavailable was reported by fifteen respondents. Therefore, even among women with more sexual experience and self-reported sexual agency, it seems that condom availability may continue to be significantly associated with unsafe sex behaviors.

Other factors associated with unsafe sex included alcohol consumption, difficulty discussing condom use with a partner, use of oral contraceptives, and the belief that condoms interfere with sexual pleasure. These factors are potentially amenable to change through interventions targeting young women. Relationship factors that influence unsafe sex practices are more difficult to address. Length of the relationship as well as the perceived commitment level of each member of the relationship were both positively and negatively associated with using a condom among the participants. Some women

reported embarrassment or difficulty discussing condom use with a new or casual sex partner. Other women reported that they are consistent condom users with new or casual sex partners, but that this behavior is not maintained as the relationship progresses or when they begin to take oral contraceptives.

Further, to many participants in this study, safer sex did not only relate only to HIV transmission, but to pregnancy prevention. Many voiced the difficulty of consistent condom use when they were taking oral contraceptives, a difficulty compounded as a relationship became more a established. This finding is consistent with other research (Anderson, Brackbill and Mosher, 1996; Wenger, Kusseling and Shapiro, 1995). For example, a nationally representative study of 932 sexually experienced unmarried women between the ages of 17 and 44 years found that women who used the pill were about half as likely as their counterparts to consistently use condoms for disease prevention (Anderson, Brackbill and Mosher, 1996).

Such research findings add weight to the contention of Wenger, Kusseling and Shapiro (1995) that, "the concept of safer sex is often misunderstood by persons engaging in behavior at risk for HIV transmission, and the level of misunderstanding differs among samples" (p. 618). This claim holds salience for the present study, for some women who were taking oral contraceptives conflated this pregnancy-prevention action with a safer sex behavior. Additionally, as the qualitative data analysis in Chapter 5 also revealed, some women in the study considered condomless sex a safer sex practice when it was combined with male withdrawal prior to ejaculation.

Current HIV Prevention Efforts

Among current HIV prevention efforts some of the most popular catch phrases are "abstinence-only education" and "female-controlled prevention." Talbot (2002) explains the Title V Abstinence Education Program as requiring states who receive these federal funds to based their sexual education programs exclusively on the "social, psychological and health gains to be realized in abstaining from sexual activity" (p. 11). According to former United States Surgeon General M. Jocelyn Elders (1999), though widely endorsed and heavily funded by the federal government, abstinence-only education is ineffectual.

Elders (1999) claims that "sociologist Ira Reiss puts it best when he writes, 'vows of abstinence break more easily than do condoms' " (p. 112). According to Elders, the failure of abstinence-only education helps to explain why teens in the United States have some of the highest rates of pregnancy and STIs in the developed world. For example, in the Netherlands less than one percent of female adolescents between 15 and 17 years of age become pregnant each year, in comparison to ten percent of female adolescents between the ages of 15 and 19 who become pregnant each year in the United States (www.excite.com 2002b).

Another controversial method in HIV prevention today is the female condom, marketed in the United States under the name *"Reality."* The female condom is marketed as a form of barrier protection under the control of women. Presented as a promising alternative to the male-controlled condom, Nicolette (2002) explains that the female condom's most important feature is that "it gives women the means to protect themselves from STDs, without relying on partner cooperation" (p. 4). However, to assume that partner cooperation is not a necessary requirement for the successful use of any barrier

method during a sex act is an overstatement. There are only a handful of studies to date on male acceptability of the female condom.

Seal and Ehrhardt (1999) conducted a study of 100 heterosexual, ethnically diverse men in the U. S. that yielded promising results as to male acceptability of the female condom. While Seal and Ehrhardt (1999) found that the cohort of men reported "general unfamiliarity" with the female condom, "less than half . . . reported negative attitudes toward this device, and less than a fourth said that they would be absolutely unwilling to have sex with a female partner who wanted to use the female condom" (p. 104). Reports as to female condom's efficacy in preventing pregnancy and HIV transmission, of special and interconnected concern to women, are promising. However, male acceptability studies of the female condom, also of special concern to women, have yielded mixed results and continued research in this area is warranted.

Women and men report varied responses to ease of use for the female condom, while many negative reports are associated with the aesthetics of the condom: it is visible, relatively big, and sometimes can produce a distracting noise during the sex act. In addition to expense (a *Reality* condom retails for approximately $3US), women also report partner resistance to the method. In the present study, only one woman mentioned the female condom during the interview. When probed about her mention of this form of barrier protection, the respondent told the researcher that she was a health practitioner.

In terms of female control over the sexual encounter, age differences between sexual partners has been linked to young women's unsafe sexual behaviors. Females, who are often the younger sexual partner, tend to have more positive attitudes towards condom use yet show greater inhibitions regarding the purchase and possession of condoms

(Carter, McNair, Corbin and Williams, 1999; Sacco, Rickman, Thompson, Levine and Reed, 1993). The CDC (2002b) found that in one cohort, thirty-five percent of girls between the ages of 14 and 17 years reported their first voluntary sexual partner was at least three years older than were the participants.

Older partners tend to place younger partners at risk because of the formers' past sexual history. That is, older partners have had a longer window of sexual activity that may have included risky behaviors with multiple partners. And older partners often enjoy a power differential due to having had more life experience in general. Younger partners may perceive they have little ability to negotiate condom use, since the balance of control over decision making in the relationship often tends to rest with the older partner.

In the United States, many females demonstrate a preference for male partners who are somewhat older. This fact may inadvertently increase women's exposure to HIV and other STIs. Partner age differentials may also act to decreases women's self-efficacy for the reasons explained above. If one accepts that there are power differentials in many heterosexual relationships, it seems overly optimistic that the female condom will suddenly shift that balance in the woman's favor when barrier method use is a topic of disagreement between her and her male partner.

Health Belief Model and Theory of Planned Behavior

While the definitive explanation for HIV-risk taking continues to elude social scientists, two of the most widely used theoretical models in HIV/AIDS prevention research are the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB). Yet the HBM and TPB models are imperfect theoretical fits when tying to understand the role of gendered power dynamics in women's sexual risk behaviors. In this section I will

first discuss each model separately, and then the limitation of each model in terms of its application to the present study.

The HBM is perhaps the most widely used theoretical model to date in HIV prevention research. The HBM is based on the premise that knowledge equals practice. It suggests that health beliefs have direct implications for health choices. These health beliefs and choices include the following:

1) the person is susceptible to the disease,
2) the person perceives the disease as serious,
3) the health choice is an effective option, and
4) the benefits of the health choice outweigh the costs of implementation.

According to the HBM, an individual's perception of personal vulnerability to HIV will affect his or her risk-reduction behaviors. As an individual's perception of susceptibility increases, cues to action from health providers, peers, and the media to reduce risk will be more readily translated into risk-reduction behaviors. However, the HBM has a major limitation in that it does not adequately address the personal interaction between two (or more) individuals that is intrinsic to risky sexual behaviors. As Taylor (1995) has put it, "despite the popularity and widespread use of the health belief model, or modified versions of it, its emphasis on individuals and individual choice fails to take into account the very nature of sex—the interaction between sexual partners (p. 687).

The TPB, a theoretical extension of Azjen and Fishbein's (1980) Theory of Reasoned Action, is also one of the most widely used models in HIV prevention research. The TPB is based on the premise that intention can predict behavior. According to this model, individuals are rational actors whose intentions reflect their willingness to perform risk-

reduction behaviors. Intention to carry out a behavior usually precede the behavior, and therefore, it can predict that the behavior will be executed. However, like the HBM, the TPB has a major limitation in that it does not adequately address the personal interaction between sexual partners.

The TPB predicts outcomes best when an individual's intention to perform the behavior is high and when the behavior is under the individual's sole control. Though many behaviors fall into this category, safer sex behaviors are typically negotiated between actors. Further, safer sex behaviors often have to be renegotiated with each sexual act or with each new sexual partner. Therefore, even the best of intentions can lack follow-through when faced with the dynamic process of negotiating sexual behaviors over time and with successive partners.

While widely used and extremely valuable to the understanding of behaviors that put individuals at risk of HIV, the HBM and TPB are insufficient to fully capture the myriad influences that impact safer sex behaviors. As Lear (1995) states, "practicing safer sex involves a complicated process of sexual negotiation, requiring a degree of open communication about sexual desire and intent that is not widely available in this culture, and still less among young people" (p. 1311). I believe the ethnographic practice of medical anthropology can make a significant contribution to HIV prevention research. Explanatory models, such as the HBM and the TPB, should seek to understand the HIV risk behaviors in more holistic perspective.

Such a perspective will take into account the interactive nature of sexual behaviors that may put individuals at risk. For example, in the present study many participants voiced confliction about when it is advisable to practice safer sex. Some found it difficult

to negotiate safer sex with a new or casual partner due to issues of embarrassment regarding the discussion of condom use. Others women claimed that they had little difficulty with this issue. Instead, they found it more difficult to negotiate condom use once the relationship had become more "steady" or "committed."

Gender differences in social status, power constructs, life experiences, and risk behaviors, create a need for HIV interventions that are tailored to fit within women's concepts of gender-appropriate sexual communication (Asencio, 1999; Seal, 2001). Further, as Shepherd, Weston, Peersman and Napuli (2000) found in a meta-analysis of thirty studies targeting HIV reduction among women, educational interventions "in which information provision is complemented by sexual negotiation skill development can encourage at least short-term sexual risk reduction behaviour" (p. 2).

For many women in the present study, changing societal norms regarding gender roles and sexual interactions leave them feeling uncertain—and perhaps at risk—at the same time it expands their opportunities for self-expression and sexual exploration. While the divergence between men and women's sexual behaviors has narrowed within many contemporary Western societies, some aspects continue to remain dissimilar (O'Sullivan and Allgeier, 1994). These are referred to as sexual scripts (Simon and Gagnon, 1999) and include the generally ascribed role of the male as active initiator and the female as passive receptor (Seal and Ehrhardt, 2002). Such sexual scripts impact the power dynamics within a relationship and can influence safer sex behaviors.

Sexual scripts are increasingly recognized as having important effects on HIV risk behaviors. The social context of condom use is linked to levels of emotional intimacy, which often facilitates safer sex behaviors in more casual relationships but can act as a

barrier to such behaviors as a relationship intensifies and becomes more committed over time. In vacation situations, young women may find themselves in relationships of heightened emotional intimacy, yet these same relationships are also of a transient nature. This presents a unique opportunity for examination of women's risky sexual behaviors. In the present study, I found that situations of heightened intimacy sometimes lead to unintended and/or unsafe sexual behaviors, even in admittedly transient vacation relationships. I also found that such behaviors could be compounded by gendered power dynamics expressed as the need for male attention or approval.

Sexual Discourses: Complementarity and Contradictions

Schifter and Madrigal (2000) articulate that sexual discourses, while not socially autonomous, have many similar points across cultures and are manifested in the daily activities of individuals. Among other things, discourses are normative, in that they "aim to define sexuality and govern the contexts in which it is expressed, as well as the partners with whom one may legitimately pursue sexual relations" (p. 43). They are also coercive, in that discourses censure or forbid particular activities with particular individuals. To transgress the boundaries may result in punishment ranging from silent disapproval to verbal or physical abuse or even death, in extreme cases.

According to Schifter and Madrigal (2000), sexual discourses "alternate between complementarity and . . . discongruity, whereby disconnected elements may very well promote conflicting behaviors, attitudes, and values" (p. 43-44). They claim that sexual discourses do not present a seamless façade when mediated through personal contacts, institutional interactions, or media culture's messages. Instead, sexual discourses are

dynamic political constructs that engender resistance as well as adherence. Schifter and Madrigal claim that,

> inherent within any discourse is a system of power and knowledge whereby the interest of certain groups are promoted over those of others. In this way, one might argue that every discursive practice embodies a relationship of power, characterized either by the exercise of domination or resistance on the part of the actors involved. (Schifter and Madrigal 2000:45)

Discourses of power are, according to Simon and Gagnon (1999), enacted through a multilayered system of symbolic meanings composed of cultural scenarios, interpersonal scripts, and intrapsychic scripting. First, they are enacted through cultural scenarios, which are the "instructional guides that exist at the level of the collective life . . . through which the requirements and the practice of specific roles are given" (p. 29). Cultural scenarios are necessarily abstract, and therefore, rarely predict individuals' actual behaviors. Rather, cultural scenarios act as signposts guiding actors towards socially appropriate behaviors. Because they are not seamless, Simon and Gagnon (1999) have found that cultural scenarios open up the "possibility of a lack of congruence between the abstract scenario and the concrete situation" which "must be resolved by the creation of interpersonal scripts" (p. 29).

Such interpersonal scripts work well in relatively noncomplex or unambiguous situations, yet most social life contains far more complexities and alternative outcomes than can easily be contained within such scripts. Therefore, actors turn to intrapsychic scripting, which Simon and Gagnon (1999) describe as the "symbolic reorganization of reality in ways to more fully realize the actor's many layered and sometimes multivoiced wishes" and reconcile them to social life (p. 30). According to the authors,

> intrapsychic scripting becomes a historical necessity as a private world of wishes and desires that are experienced as originating in the deepest recesses of the self must be bound to social life; individual desires are linked to social meanings. Desire is not reducible to appetite, a drive, an instinct; it does not create the self, rather it is part of the process of the creation of the self. (Simon and Gagnon 1999:30)

Members of multicultural and pluralistic societies, such as the United States, often retain fewer and fewer shared meaning about social life as the culture evolves and increases in complexity over time. According to Simon and Gagnon (1999) the cultural scenario "that loses its coercive powers also loses its predictability and frequently becomes merely a legitimating reference or explanation" (p. 30). Therefore, individual actors tend to experience more disjunctures or uncertainties between the cultural scenario and their interpersonal scripts.

However, as Simon and Gagnon (1999) point out, multicultural and pluralistic societies also present numerous "situations in which almost all interpersonal scripts represent . . . minor variations of dominant cultural scenarios" that an individual actor can employ to "satisfy the requirements of intrapsychic scripting" (p. 31) as well as to meet the demands of social life. In other words, individual actors often have a series of choices or options open to them. Many options maybe relatively equivalent in terms of socially acceptable behaviors, and therefore, the actor has a kind of menu from which to choose.

Yet acquiring "permission from the self" to engage in one particular behavior may require the individual to transgress her or his own intrapsychic scripting. When this is the case, the individual will often choose the option that creates less internal disjunctures. Gender discourses are illustrative of both the disjunctures and the interconnections between cultural scenarios, interpersonal scripts, and intrapsychic scripting. In the next section, I will discuss the social construction of female sexual subordination and sexual

empowerment in terms of such interconnectedness and disjunctures that create and promote complementarity and contradictions within women's gender discourses.

Gendered Power Dynamics and HIV Prevention Efforts for Women

Gender discourses are so firmly entrenched in the social construction of sexuality that they often go unrecognized and unchallenged, or are accepted as the "natural" result of innate biological differences between males and females. Such essentialism obscures the role of patriarchal systems of control over women's sexual and reproductive selves and normalizes gendered power dynamics into stereotyped, sex-based dichotomies of expected behaviors and emotions. Instead, the dichotomous exercise of power that result in male dominance and female passivity are offered as proof of the complementary nature of heterosexual biology (Schifter and Madrigal, 2000).

The origins of sexual inequality are rooted in the distant past and continue to be a source of debate among scholars across many disciplines as we seek to understand the complexity of gender and power constructs. Anthropologists have made important contributions to such discussions through the systematic study of the range of cross-cultural variation in male and female access to power as well as theoretical frameworks for explaining variation in sexual stratification (Mead, 1935; Sanday, 1981). Despite these contributions, the global scope of near-universal male dominance continues to promote the argument in support of a biological essentialism. This, in turn, acts as a feedback loop that justifies and maintains sexual inequality and female subordination (Brettell and Sargent, 2001; Rosaldo and Lamphere, 1972; Yelvington, 1996).

Sexual stratification in Western industrial countries is, according to Nielsen (1978), maintained through gender bias that privileges male attributes as higher status or more

desirable than female attributes. Nielsen (1978) claims that extensive studies of sexual stereotyping have found that "women and men are evaluated differently partly because they are perceived differently" (p. 48). According to Nielsen,

> both sexes tend to attribute very different personality traits to women and men. Men are generally considered competent, which includes being aggressive, independent, nonemotional, objective, not easily influenced, and dominant. Women are considered warm and expressive, which includes being talkative, faithful, gentle, aware of others' feelings, and so on. (Nielsen 1978:48)

Such sexual segregation of personality attributes, however, does not form an ideological basis that the two sexes are 'separate but equal.' Rather male-identified attributes are privileged over female-identified attributes. Nielsen (1978) found that "a greater number of positive traits—characteristics independently defined as positive for people, sex unspecified—are attributed to men, and the traits commonly associated with men are considered socially more desirable" (p. 48) in the United States.

Anthropological theoretical research on gender stratification has grown over the past decades. As it has advanced, so has the recognition that female subordination is a "difficult concept to apply cross-culturally since it is hard to define 'female subordination' in a way that is free of cultural biases" (Stone and McKee 2002:10). Likewise, assessing gender inequality is problematic and complex in a culturally pluralistic society such as the United States. According to Stone and McKee (2002), "all cultures express some internal tensions. People of one group may recognize a set of cultural categories in common, but this does not mean that they necessarily agree about what the categories mean or feel the same way about them" (p.3).

In recent years, the anthropological study of gender subordination has expanded to include the broader theoretical framework of social inequality embedded in race, class,

and gender. Ostrander's landmark book, *Women of the Upper Class* (1984) is instructive when juxtaposed against Sobo's more contemporary work, *Choosing Unsafe Sex* (1995). These works describe the gender constraints faced by women in the everyday exercise of power, even as the describe women of disparate socio-economic class.

Based on personal interviews with upper class white women, Ostrander (1984) described the daily circumstance and concerns of several women who were members of an elite socio-economic class in the United States. Ostrander found that her participants did, indeed, experienced lives of wealth and privilege. Nonetheless, her participants' everyday experiences were constrained by gendered power dynamics in which they were subordinate to their male counterparts.

In contrast, Sobo's book described the daily lives of social and economically disadvantaged minority women attending an inner-city health care clinic. The study addressed how the practice of unsafe sex was confounded by many women's daily concerns with poverty. Sobo found that gendered power dynamics, such as expectations of monogamy, constrained participants' HIV-reduction behaviors and left them in denial of their partner's extradyadic sexual encounters.

Nielsen (1978) claims that "while many individual women many not feel or be oppressed in the United States, women as a group have less status than men as a group. They have less power, less prestige, and less opportunity for development and personal gratification" (p. 55). Though each study looked at women dissimilar social capital, such works as that of Ostrander (1984) and Sobo (1995) lend support to Nielsen's claim that gendered power dynamics constrain many women's choices in life. In a comparison of the two works, it is clear that the observed variability across class and race influenced

individual women's real and perceived exercise of privilege, autonomy, and self-efficacy. However, a comparison of these two works also shows that such discourses of power cannot be easily unlinked from gender discourses that generally favor men vis-à-vis women. As Sobo has put it,

> gender-based power structures, which in mainstream U.S. culture are intimately linked with ideals for heterosexual relations, affect male-female communication. They affect what transpires in the sexual arena, and so affect women's chances for HIV infection. Because of these power structures and relationship ideals, women often find themselves in positions in which not all sexual options are equal and not all risk taking is voluntary. (Sobo 1995:12)

Sobo (1995) suggests that implicit within the conceptualization of risk-taking is the idea of self-agency and "an autonomy that many women lack" (p. 13). She states that women's relative lack of autonomy is manifested in the social fact that unsafe sex is "necessary in many cases for male support—whether social, emotional, or financial" (p.18). Generally, women derive social status or self-esteem (and in some cases, physical protection) from being in relationships with men that is different from that which men derive from these same relationships. Women also tend to place more emphasis on the emotional satisfaction they derive from their relationships than is typically reported by men, while men tend to place more emphasis on the physically satisfying aspects.

Gendered discourses that encourage women to more easily give away their personal power or autonomy than their male counterparts are deeply engrained in many young women in the United States. Gendered power dynamics sometimes become artifacts of social life, and are so embedded within intrapsychic scripts that they may go unrecognized or unacknowledged. Such an occurrence can help to explain the incongruities between some female tourist's relatively high levels of social capital and their active participation in unsafe sexual encounters. In terms of the present study, two

of the most important aspects of sexual discourse concern its dynamic nature and the gendered contradictions it presented for the women who participated in the survey.

In the present study, many of female participants' exercised levels of real and perceived privilege, autonomy, and self-efficacy perhaps unimaginable to their grandmothers or great-grand mothers. These young women were able—and willing—to undertake international travel without a male chaperone. They were from relatively affluent backgrounds, and this economic privilege gave them the discretionary income necessary for leisure travel.

They also had the social capital that enabled them to be relatively well informed regarding their vacation site of choice. For example, when asked how they had heard about Costa Rica as a vacation destination, the participants in the present study cited such as sources as internet sites and guide books. The most common response was that they had learned about the safety, ease, and appeal of travel in Costa Rica from the first-person accounts of friends and acquaintances when who had undertaken previous travel to the country. That these women had such social networks further illustrates their relatively high levels of social capital vis-à-vis that of the local men with whom they often became romantic and/or sexually involved.

Social capital was also manifested in education levels and HIV-risk knowledge of the participants. Women in the study were generally well educated, with many having had completed at least two years of college (or the equivalent) at their time of enrollment in the research project. They were generally well informed about HIV transmission routes and risky sexual practices. However, despite their positions of relative privilege on many

levels, women in the study often expressed their internal conflicts regarding participation in recreational or nonrelational sex while abroad.

Some women voiced desires to be swept-away by the romantic passion of their vacation encounters. Conflating erotic attraction with notions of romance gave them permission to act on their sexual desires without damaging their self-image as 'nice girls.' Some sought to give themselves' permission to have an exotic sexual experience through vacation-related alcohol consumption that lowered their sexual inhibitions and could later be used as a plausible excuse for their behaviors. Many participants mentioned how the "party atmosphere" of the vacation destination influenced their alcohol consumption, which led to getting "caught up in the moment" or "having a fling." In this way, some participants excused or justified their participation in nonrelational sex encounters, as well as their unsafe behaviors during recreational sex.

Safer sex behaviors that include the use of condoms are complicated by the fact that, according to Sobo (1995), "most women want to establish long-term relationships that meet the standards entailed in heterosexual ideals" (p. 113). Sobo found that,

> an unattached women engaging in casual sex maintains the beliefs that her ability to judge men is well developed and that her standards for partners are high by not using condoms, for to use them would . . . be to label herself as a careless harlot and an unintelligent person who cannot tell a 'good' man from a 'bad' one. A woman's insistence on condoms casts her partner as diseased and so of poor quality and certainly not steady boyfriend or husband material. (Sobo 1995:114)

This sentiment was no less true for the population of women with whom Sobo conducted research than it was for my participants. While women in the present study often voiced statements of self-autonomy and agency they claimed was expressed through sexual empowerment and experimentation abroad, many were also conflicted

about participating in recreational sex. In addition to women's statements presented as qualitative data, I observed that women often seemed to be waiting to be picked by a handsome local or surfer from among the crowd at a local nightspot. In this way, they were preserving gender norms of male as sexual initiator and female as gatekeeper.

On several occasions, I observed that a woman was emotionally crushed or confused when a man she had been intimate with the night before ignored her at their next public meeting. In one instance, a participant had sexual intercourse with a chico a few hours prior to arriving at the club where she and I had planned to meet that night. She was all smiles when she arrived on the scene, but was reduced to tears an hour later when the man snubbed her for another tourista. Paola, a key local informant, told me that it was not uncommon during high tourist season to see a young woman break down in tears of embarrassment and confusion when she was snubbed on the street by her lover of the night before. Paola stated that behavior, though not that unusual, was also not condoned by most locals. According to Paola, this was how a chico acquired a reputation for being a jacóperro (a man unworthy of respect) in the resort town.

Conflicting Statements: Expressed Intentions Versus Practice

This research highlights the contradictions and ambiguities between many women's voiced intentions to participate in erotic license while on vacation and the emotional conflicts such paths often engendered. It also illustrates the contradictions and ambiguities surrounding their voiced intentions and the implementation of protective behaviors to mitigate the transmission of HIV and other STIs. For example, *in theory* a majority (79%) of participants agreed that it is not the male's responsibility to supply condoms for sex. In practice, however, only eleven percent said they supplied their own

condoms, and more than half (56%) reported that it was the male partner who supplied condoms for sex.

A majority of participants also reported that, *in theory*, discussing condoms with a new partner was not embarrassing (87%) and that having safer sex was easy (77%). Yet their self-reported practices were often inconsistent or contradictory to their earlier statements. In practice, more than half (56%) had engaged in past unsafe sex they felt put them at risk of HIV. Sixty percent of respondents reported an episode where they had wanted to use a condom but had not done so, and eighty percent reported that it is difficult to insist on condom use.

Numerous participants seemed to conflate the term "safer sex" with pregnancy prevention as well as STI/HIV prevention, and voiced conflicting attitudes and behaviors in this area. For example, some said they found safer sex difficult with casual partners due to embarrassment. Others insisted that in casual sexual encounters they consistently practiced safer sex, but as a relationship become steady they had difficulty maintaining condom use. Such incongruities have been demonstrated in other studies of women's safer sex behaviors. Sobo (1995) found in the analysis of the qualitative data collected from inner-city minority women, that among her respondents unprotected sex was described as "a sign of trust" and "honesty" as well as "more romantic" and "special" (p. 110) than was having sexual intercourse using a condom.

Participants in the present study also associated condomless sex with romantic involvement, trust, and heightened intimacy. For example, the following morning after having spent her first (and last) night with Fabrecio, Mikki reported that she had unsafe sex with Fabrecio without discussing their past sexual histories. During the conversation

that morning as we rode the bus from Jacó to San Jose to catch our separate flights back to the United States, Mikki admitted that having unprotected sex with Fabrecio on the previous night had been unwise. She reported that she realized it was contradictory to say she felt too inhibited to discuss condom use and sexual histories with Fabrecio, yet she felt she knew him well enough to engage in sex. Referring back to Simon and Gagnon (1999) that "individual desires are linked to social meanings" (p. 30), Mikki may have been operating from a sexual script that made open sexual communication extremely difficult.

Perhaps her sexual script equated the exercise of female self-protective behaviors with promiscuity and a lack of innocence that Mikki could not reconcile with her conceptualization of herself as a "good" (that is, not sexually promiscuous) young woman. If so, she is not alone. Even as many young women are exploring a world in which sex has, according to DuBois and Gordon (1984) become "all the more desirable now because of the transcendent possibilities they attribute to it" the domain of sexuality continues to be "bound up with the structure of gender" (p. 41).

As the present study demonstrates, young women remain conflicted about the role of sex in their lives, their desire for sexual autonomy and agency, and their need for social approval. As Simon and Gagnon (1999) state, "the idea of female interest in, or commitment to, sexual pleasure was, and possibly still is, threatening to many men and women" (p. 32). These authors argue that because we now live in a "social world requiring that we bargain for our identities" this quest "inevitably trains us to bargain with ourselves" (1999:32). Yet such bargaining for socio-sexual identify should not cost any woman her sexual health.

Human sexuality research can improve HIV prevention programs if sexual communication and modification of sexual behavior repertoires are addressed (Kelly and Kalichman, 1995; St. Lawrence, Eldridge, Reitman, Little, Shelby and Brasfield, 1998). Such programs must be administered early to be most effective, for research has found that prevention programs are most effective when administered early in the education/prevention cycle before high-risk behaviors become established and more difficult to modify (DiClemente, Lodico, Grinstead, Harper, Rickman, Evans and Coates, 1996). Adolescence is considered a prime time for frequent 'teachable moments' regarding safer sex practices among and health care and education providers.

While the most effective means to date of preventing HIV/STD infection among the sexually active is correct and consistent condom use, research is still exploring the factors significantly associated with planned condom use. Interventions need to encourage the delay of sexual debut among young women, the use of condoms from the onset of sexual activity, sexual partner reduction strategies, and skill-building techniques for negotiating safer sex strategies. At the same time, traditional gender scripts that place women in the role of sexual gatekeeper should be challenged, just as should men's traditional gender obligation to be aggressive in the pursuit of sexual opportunities.

I hold that an anthropological perspective regarding sexual negotiations in the age of AIDS that links it to socially constructed beliefs about gender roles and sexuality will produce more efficacious HIV-reduction educational programs. From a public health viewpoint, if we are to develop STI prevention programs that actually work, we must identify the cultural concepts that empower young women's abilities to *chose* safer sex.

The sociocultural factors influencing erotic attraction, desire, passion, intimacy, and trust—and their effects on behaviors such as negotiation strategies that reduce sexual risk—have been removed from much of the research on sexual practices (Bolton, 1995; Clark, Miller, Harrison, Kay and Moore, 1996; Stryker 1997). This has limited the development of HIV risk-reduction programs. To better prevent STI/HIV among sexually active young women HIV prevention research must address the need to:

- Understand how gender-role conformity and importance of relationship impacts women's sexual negotiations and subsequent decisions to have unsafe sex.
- Recognize the importance of relationship and partner variables on young women's decisions to practice safer sex.
- Increase condom use self-efficacy among sexually active women.
- Build communication skills about STI prevention between women and their sexual partners.
- Challenge women's (and men's) attitude regarding the expected role of males to provide condoms for the sexual encounter.
- Seek a better understanding of the condom as a cultural signifier, not just a piece of thin latex.

Such research should seek to explore what the use of a condom signifies to a young woman and her sex partner. This includes understanding how the use of condoms are perceived by each partner early in their sexual relationship as well as how this meaning may change as a relationship evolves over time. Relationship dynamics and gendered power constructs have been under-researched regarding young women's sexual risk-taking that may increase HIV transmission.

Research Contribution of Integrative Anthropology

This project contributes to basic anthropological research by increasing our knowledge of the culture of sexual risk-taking among young women vacationing in a foreign country. It illustrates the utility of ethnography as a tool for the exploration of connections between the sociocultural dimensions of risky sexual behaviors and gendered power dynamics. Explanatory models for continued HIV-risk behaviors, such as lack of knowledge, often do not recognize that sexual acts must be understood within sociocultural context to create the most effective HIV prevention programs across multicultural populations.

For example, while HIV knowledge was relatively high, numerous participants in the present study reported sexual decision-making that increased rather than reduced their HIV-risk behaviors. As the study also illustrates, sexual decision-making is a highly complex and personal process that is continually constructed through interpersonal scripting even as cultural scenarios act as stabilizing factors. By combining ethnographic and quantitative analysis, anthropologists can help put into context the gendered power dynamics that constrain young women's safer sex choices.

Integrative anthropology techniques can be effective towards enhancing HIV prevention programs, especially those targeting at-risk young women (Farmer, 1999; Parker 1995, UNDP 1992). Following restructuring, I hope to utilize aspects of this research in a study of young Latinas and gendered power dynamics in relationship to sexual behaviors that may put them at risk of acquiring HIV. Sexual intentions, practices and behaviors can inform the anthropological interpretations of HIV risk behaviors through an exploration of the sexual discourses that permeate intimate relationships.

Integrating Anthropological Methods and HIV Prevention

Geertz (1973) claims that "one of the most significant facts about us may finally be that we all begin with the natural equipment to live a thousand kinds of life but end in the end having lived only one" (p. 45). In a book overflowing with personal notes from my first graduate class in anthropological theory I had marked this passage as what I call a "keeper," something so important it should referred to again and again. As I write this conclusion, I am reminded of Geertz's words and how they apply to the multiple types of research in which anthropologists engage.

The intellectual framework of anthropological training grounds the discipline in the principles of holism, cultural relativism, and the study of culture from both the emic and etic perspectives (Erickson, 1999). Yet during our period of graduate training, we begin to develop our own individual areas of interest. And ultimately as anthropologists, we bring our own unique set of skills, paradigms, ideas and biases to our particular area of study. To paraphrase Geertz, we all begin with the training to conduct a thousand kinds of anthropological research but end in the end having conducted only one.

In light of the limitations, the present study may be most significant for the questions that it raises regarding the complexities of gendered power dynamics than for the answers it provides. It has contributed to the growing body of research focused on the examination of the interplays between race/ethnicity, gender, and socio-economics in terms of international tourist women's sex activity abroad. It also may be one of the first studies to examine tourist women's sexual behaviors in terms of their HIV risk.

As such, I hope that it will encourage others to continue to explore the complex interplays between gendered power dynamics and sexual risk engaged in by men and

women alike, whether abroad or in their normal social communities. The present study has become my stimulus for research devoted to the anthropological exploration of sexuality and health among human populations, in the hopes that I may contribute to strategies to prevent the spread of HIV.

Combining ethnography with quantitative approaches to the collection, analysis and interpretation of data on HIV-risk significantly can improve our understanding of the context, the situations and circumstances, in which sexual risk behaviors occurs. The present study illustrates that women have conflicting intentions and practices regarding safer sex behaviors, many of which are impacted by gendered power dynamics that remain poorly understood. These findings suggest that interventions need to encourage the delay of sexual debut among young women, condom use from onset of sexual activity, sexual agency strategies, and skill-building techniques for negotiating safer sex.

Future Research Goals

While African American women make up a majority of new HIV cases, Hispanic women are also disproportionately effected. Although they make up twelve percent of the female population in the United States, Hispanic women represent twenty percent of cumulative AIDS cases (CDC, 2002b). Adolescent and young women of color are of particular concern to those working to develop effective HIV prevention interventions. Drawing on a CDC report published in 2000, the Body/AIDS Action group (2002) has found that, "among young women age 13 to 24, African-American and Latina women represent three-fourths of new HIV infections reported through June 2000" (p. 3). According to this same report,

> as with older women, unprotected heterosexual contact accounts for the highest number of these new HIV infections. Researchers believe that many of the younger women among the 25 to 44 years old demographic diagnosed with AIDS acquired the virus as teenagers or in their early 20s. (The Body/ AIDS Action 2002:3)

The United States is experiencing an expanding population of Hispanics and HIV/AIDS cases among Hispanics in United States has been increasing disproportionately to their representation among the general population (CDC, 2002b). For example, Hispanic women make up only twelve percent of the population, yet represent 20 percent of cumulative AIDS cases as of 1999 (The Body/AIDS Action, 2002). The HIV prevention needs of the Hispanic community can be explored through a study of sexual communication among Hispanic heterosexual partners.

Of particular interest is the identification of gendered sexual communication scripts that may enhance or delimit safer sex practices among Hispanics. Research related to communication and risk behavior conducted among women has illustrated the importance of sexual communication to HIV prevention behaviors (Carter, McNair, Corbin and Williams, 1999; Sikkema, Heckman and Kelly, 1997; Williams, Gardos, Ortiz-Torres, Tross and Ehrhardt, 2001). Yet the cultural appropriateness of particular safer sex messages and recommended negotiation strategies for unique subgroups, such as Latinas, requires further study.

Seal, Wagner-Raphael and Ehrhardt (2000) conducted a study of inner city Puerto Rican men that suggests that "HIV negotiation strategies traditionally promoted in interventions for women may need to be re-evaluated" (p. 89). The researchers hold that the study's small sample size limits generalizability to other groups of Latinos. However, Seal and colleagues make a compelling argument for the further research "that examines

the effectiveness of more passive versus more aggressive female-initiated safer sex negotiation strategies" (p. 89).

In another study of emotional closeness and self-disclosure among male heterosexuals, researchers found cultural differences within ethnic subgroups in the United States regarding adherence to traditional gender role norms (Wagner-Raphael, Seal and Ehrhardt, 2001). This project also highlights the need for expanding the exploration of sexual communication as it varies across ethnic groups as well as according to individual acculturation. An ethnographic approach to how individual Latinas perceive the cultural appropriateness of female-initiated safer sex negotiation strategies could make a valuable contribution to the development of culturally sensitive HIV prevention messages. Understanding the nuances of sexual communication and risk-reduction between young Latinos is of particular importance as HIV continues to disproportionately effect this ethnic group.

This study highlights the ambiguities and contradictions that many young women face as they negotiate the sexual landscape of contemporary life. The purpose of this research project is to contribute to HIV-risk reduction efforts that seek to examine the context of gendered power dynamics and how such dynamics shaped the HIV risk behaviors of a group of sexually active single female tourists (SFT) in Jacó, Costa Rica. As this study shows, gendered discourses shared by many women regarding intimate relationships often cross socio-economic class and ethnic boundaries.

APPENDIX A
RISK ASSESSMENT SURVEY VERSION 1

COSTA RICA SURVEY v1

Some of these questions are taken/adapted from a research study conducted at the Center for AIDS Prevention Studies (CAPS), University of California San Francisco: "Sexual Negotiations Among Young Adults in the Era of AIDS." Funded by the Universitywide AIDS Research Program, R94-SF-050.

Date: ___/___/___ **ID:** _____

OPENING STATEMENT : Even though we know that HIV is a serious health threat, we still don't know much about how women communicate about safer sex. I'm Kathleen, a Ph.D. student from the University of Florida, and I'm trying to find out more about this, which means talking about sex with women. If you're comfortable participating, I'd like your help. All your responses are completely anonymous and can't be identified to you.

DEMOGRAPHICS :

Your age: ____
Education completed: HS Some college B degree M degree PhD
Race: White Black Hispanic/Non-White Asian Other
Personal Income: Under $10,000 $10-20,000 $20-30,000 $30-40,000
$40-50,000 $50-75,000 $Over 75,000
What is your occupation/job title: _____
Where do you reside: NE SE NW SW MW W
What is the approximate size of the town/city in which you live: _____

USE :

- When you hear the term "safe sex" what does it mean to you?
- Do you practice safe sex? What kinds of protection do you use? When do you use them?
- How do you feel about using condoms?
- Many women say it is challenging to always insist on condom use. In what situations do you find that most difficult? In what situations do you feel you need to use a condom?
- Who usually supplies the condoms for sex? Is this something that is discussed beforehand? What happens if you don't have a condom?
- What has been the response of men when you ask them to use a condom? Have you ever had to insist?
- How have you responded when a man asked you to use a condom? Have you responded differently with different men?
- Has there ever been a time when you wanted to use a condom but didn't? Tell me about the last time you had sex and didn't use a condom. What made you do that?

• Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.
• How did you learn to use condoms? Do you wish you had learned it a better way?
• Have you ever felt judged when you wanted to use a condom during sex? Describe this.

NEW PARTNER :
• What kinds of things do you look for in men? What characteristics are important to you when you meet someone new? What makes someone attractive to you?
• What are some of the things you think about when you meet someone and decide to have sex?
• Tell me about the last time you met a guy you had sex with. How did you meet? What happened?
• Did you and he talk about sex before having sex? What kinds of things did you talk about? What were some of the things you thought about but didn't talk about?
• How did sex get started, happen? Who started it? What did you talk about?
• What has been your worry when you started a sexual relationship with a new person?
• How have you let your new partner know that you wanted to use a condom?
• Was this easy or hard for you to do? What made it easy? What made it hard?
• Did your partner do what you wanted?
• How did your new partner let you know that he wanted to use a condom? Did you do what he wanted? What made you do that?

KNOWLEDGE OF RISKY BEHAVIORS :
• Have you ever heard the phrase "know your partner?" What does this mean to you?
• Do you think it is possible to "know your partner?"
• Have you tried to find out about any diseases your partner has that he could give to you through sex? Have any partners tried to find out about you?
• Have you tried to find out about how many sex partners he's had? About whether he injects drugs?
• Do you trust his answers? How do you know that he is being truthful?
• Do you think that any of YOUR sexual practices in the past possibly put you at some risk for HIV/AIDS or any other diseases from sex?
• Have you ever had sex with someone whom you thought might be at risk for AIDS?
• What made you think this person might be at risk for AIDS? Did you behave differently with this person than you would have otherwise? How?
• Can you tell me what HIV stands for? Is there a cure for the disease?
• Can you tell me 3 ways HIV is transmitted from person to person?
• Can someone have HIV and not know they're infected and still look healthy?

KNOWLEDGE OF SAFER SEX :
• Are you familiar with the term "safer sex"? Where have you heard about it?
• How would you define what is "safer sex?" Describe "safer sex" to me.
• What are some of the most difficult parts of practicing safer sex?
• How easy is it to be safe?

• What are different problems you have with maintaining safer sex with different men?
• Have you had experiences where drugs or alcohol were an issue in trying to have safer sex? Would you describe your drinking habits as non, light, medium, or heavy?

FINAL QUESTION :
• If you could change one thing about sexual communication with men, what would it be?

THANK YOU FOR YOUR TIME. I APPRECIATE YOUR HELP.

APPENDIX B
RISK ASSESSMENT SURVEY VERSION 2

COSTA RICA SURVEY v2

Date: ___/___/___ **ID: _____**

OPENING STATEMENT : I'm Kathleen Ragsdale, a graduate student at the University of Florida and I'm conducting a study about how women communicate about safer sex. I'd like to ask you a few questions about your ideas about safer sex. You don't have to answer any question you don't want to and we can stop the survey at any moment. All your responses are completely anonymous and can't be associated with you. If you would like to participate I have an informed consent document for you to read and sign.

DEMOGRAPHICS :

Your Age: ____
Years of Education completed: HS____ College____ Masters____ PhD____
What Racial/Ethnic group do you consider yourself to belong to: _____
Personal Income: Under $10,000 $10-20,000 $21-30,000 $31-40,000 Over $41
What is your occupation/job title: _____
Where do you reside: NE SE NW SW MW W
What is the approximate population of the town/city in which you live: _____
Are you traveling/vacationing: Solo w/1 person w/more than 1 person

For each statement please indicate whether you: (1) Strongly Disagree (2) Moderately Disagree (3) Undecided (4) Moderately Agree (5) Strongly Agree

KNOWLEDGE OF HIV :	strongly disagree				strongly agree
Latex condoms are the best way to prevent the HIV during sexual contact	1	2	3	4	5
Vaginal and anal intercourse without a condom increases the risk of HIV transmission	1	2	3	4	5
Kissing is unlikely to transmit HIV	1	2	3	4	5
Sex with multiple partners increases HIV risk	1	2	3	4	5
Using 2 condoms at once during sex instead of 1 is a good way to reduce risk of HIV transmission	1	2	3	4	5

PERSONAL RISK ASSESSMENT :

I am adventurous and readily seek out new experiences	1	2	3	4	5
I am impulsive rather than cautious regarding sex	1	2	3	4	5
Having casual sex puts me at risk of getting HIV	1	2	3	4	5
I frequently worry about getting HIV	1	2	3	4	5
HIV is a serious threat to my personal health	1	2	3	4	5
I have never felt the need to take an HIV test	1	2	3	4	5
It's a good idea to get an HIV test on a regular basis	1	2	3	4	5
Knowing someone who has HIV has increased my sense of vulnerability that I could get HIV	1	2	3	4	5
People can look healthy, but have HIV and transmit it	1	2	3	4	5

TRAVEL ABROAD :

I thought about the possibility of having sex abroad when I was planning my vacation?	YES	NO
I intended to have sex while vacationing?	YES	NO
I brought condoms with me on this trip?	YES	NO
I would consider sex with a stranger or casual partner while on vacation?	YES	NO
I would be embarrassed to bring up a discussion on using condoms with a new sex partner	YES	NO
I have initiated the discussion on using condoms with a new sex partner	YES	NO

PRACTICES :

What would you define as "casual sex"?
Are you familiar with the term "safer sex"? Would you describe "safer sex" to me?
How easy is it to practice safer sex? What are some of the most difficult parts of practicing safer sex?
What are different problems you have with maintaining safer sex with different men?
Have you had experiences where drugs or alcohol were an issue in trying to have safer sex? Would you describe your drinking habits as non, light, medium, or heavy?
Do you think that any of YOUR sexual practices in the past put you at risk for HIV?
Have you ever had sex with someone whom you thought might be at risk for HIV?
What made you think this person might be at risk for HIV?
Did you behave differently with this person than you would have otherwise?
Can you tell me 3 ways HIV is sexually transmitted from person to person?

ATTITUDES :

Many women say it is challenging to always insist on condom use. In what situations do you find this most difficult? When do you feel you need to use a condom?
Who usually supplies condoms for sex? Is this something discussed beforehand? What happens if you don't have a condom?
What has been the response of men when you ask them to use a condom? Have you ever had to insist?

How have you responded when a man asked you to use a condom? Have you responded differently with different men?
Has there ever been a time when you wanted to use a condom but didn't? Tell me about the last time you had sex and didn't use a condom. Why didn't you use a condom?
Have you ever felt judged when you wanted to use a condom during sex?
How did you learn to use condoms? (EX: Sex Ed class/ Clinic/ Partner/ Don't know how)
Do you wish you had learned a better way? Do you have any suggestions for this?

NARRATIVE :
I am asking women to describe their sexual experiences to help identify how women negotiate safe sex and triggers for risky sex. Could you please describe your most recent sexual experience? Please feel free to say anything you like.

THANK YOU FOR YOUR TIME. I APPRECIATE YOUR HELP.

APPENDIX C
RISK ASSESSMENT SURVEY VERSION 3

COSTA RICA SURVEY v3

INTRO : I'm Kathleen Ragsdale, a graduate student at the University of Florida and I'm doing a study on women travelers and their experiences. This research is focused on how women cope with sexuality issues when they travel. I'd like to ask you a few questions about your experiences as a woman traveler. You don't have to answer any question you don't want to and we can stop at any time. All your responses are completely anonymous and can't be associated with you. If you would like to participate I have an informed consent document for you to read and sign.

Date: ___/___/___ **ID:** _____

DEMOGRAPHICS :
1: Your Age: ____
2: Yrs of Highest Education completed: HS____ College____ Masters____ PhD____
3: What Racial/Ethnic group do you consider yourself to belong to: _____
4: Personal Income: Under $10,000 $10-20,000 $21-30,000 $31-40,000 Over $41
5: What is your occupation/job title: _____
6: Residence: Country: _____ Region: NE SE NW SW MW W
7:What is the approximate population of the town/city in which you live: _____

VACATION TRAVEL HISTORY :
8: Are you traveling : Solo w/1 person w/more than 1 person
9: If you are traveling alone, is this your first experience with solo travel?
10: Where have you traveled outside the US on vacation? Frequency? Length of stay?
11: Is this your first trip to Costa Rica? How did you learn about CR as a vacation spot?
12: What brought you to this particular area? How long will you stay here?
13: On this trip, will you be traveling to other parts of the country?
Other regions in Central or Latin America?
14: What are the attitudes towards single women travelers from tourist men here?
15: From local men? Do they differ much from tourist men?
16: Have you experienced unwanted sexual attention while traveling here?
17: If so, what happened and how did you handle it?

18: What about meeting someone that you liked? How did you handle that?
19: Have you met a traveler ____or local ____and began a relationship?
20: Are there particular problems with such a relationship?

This section is for women who are sexually active. Please do not answer any question you do not want to and we can stop at any time.

21: I thought about the possibility of having sex abroad while I was planning my vacation?	YES	NO
22: I would consider having sex w/ someone met on vacation?	YES	NO
23: I intended to have sex while vacationing?	YES	NO
24: I brought condoms with me on this trip?	YES	NO
25: I purchased condoms while on this trip?	YES	NO
26: I have initiated using condoms w/partner met on vacation?	YES	NO

For each statement please indicate whether you: (1) Strongly Disagree (2) Moder-ately Disagree (3) Are Undecided (4) Moderately Agree (5) Strongly Agree

PERSONAL RISK ASSESSMENT :	**disagree**				**agree**
27: I like adventure and readily seek out new experiences	1	2	3	4	5
28: I'm cautious rather than impulsive regarding casual sex	1	2	3	4	5
29: Having casual sex can put me at risk of getting HIV	1	2	3	4	5
30: I have never felt the need to take an HIV test	1	2	3	4	5
31: Concern for my health has led me to get an HIV test on at least one occasion	1	2	3	4	5
32: It's a good idea to get an HIV test on a regular basis	1	2	3	4	5
33: Knowing someone who has HIV and has increased my fear that I could get HIV	1	2	3	4	5
34: HIV+ people can look healthy but still transmit HIV	1	2	3	4	5
35: It is embarrassing to talk about using condoms with a new sex partner, and so I tend to avoid this	1	2	3	4	5
36: I'm comfortable discussing condoms w/a new partner	1	2	3	4	5
37: It is a man's responsibility to supply condoms for sex	1	2	3	4	5

KNOWLEDGE & PRACTICES :

38: How would you define "casual sex"?
39: Would you describe "safe sex" to me?
40: How easy is it to practice safe sex?
41: Have you had experiences where alcohol use prevented safe sex? YES NO
42: Would you describe your drinking habits as: Non Light Medium Heavy
43: Do you think any sexual practices in your past put you at risk for HIV? YES NO
What were they?

44: Ever had unsafe sex with someone you thought might be at risk for HIV? YES NO

What made you think this person might be at risk for HIV?

45: Did you behave differently with this person than you would otherwise? YES NO

46: Can you tell me 3 ways HIV is transmitted from person to person?

47: How old were you when you first had sex? ____ Did you use a condom? YES NO

49: How many sex partners have you had? ____

ATTITUDES :

50: In what situations do you find it most difficult to insist on condom use? When do you feel you need to use a condom?

51: Who usually supplies condoms for sex? ____ Is this discussed beforehand? _____ What happens if you don't have a condom?

52: What is the response of men when you ask them to use a condom? Have you ever had to insist? ____ Have you ever felt judged for wanting to use a condom ? ____

53: How have you responded when a man told you he wanted to use a condom?

54: Has there ever been a time when you wanted to use a condom but didn't? Why?

55: How did you learn to use condoms? (circle **ALL** that apply)

Sex Ed/Class Clinic Partner Don't know how Other _____

56: Do you wish you had learned a better way? Suggestions for this?

APPENDIX D
DEFINITIONS

AIDS: Acquired Immune Deficiency Syndrome

Bitchi: A term used by locals in Jacó, Costa Rica, to describe a woman who is sexually promiscuous, i.e. one who violates the prescribed standards of normative sexual morality acceptable for women within their community. In keeping with global gender ideologies, Jacó men are allowed more latitude to have numerous sexual partners. However, a man known for seeking 'one night stands' or behaving in a sexually predatory manner was sometimes referred to as a "dog." See ***Jaco perra/o.***

Condoms: When condom use is discussed in this study, it is in reference to the male latex or polyurethane condom.

Context: Characteristics and dynamics of socio-cultural systems that shape and define the broader social, cultural, political, economic, institutional, and ecological factors that influence individual and group behaviors.

Gndered Power Dynamics: Socially constructed customs and beliefs regarding the proper roles of men and women in society, and the rewards and sanctions associated with upholding and violating appropriate gender norms.

Gender: The socially constructed rights, rules and obligations associated with biological sex differentiation between males and females. Gender roles and values attached to men's and women's behaviors vary across cultures, giving support to the social theory that biology effects but does not constrain gender differences.

Gringa/o: a female or male foreigner

HIV: Human Immunodeficiency Virus

HIV Risk Denial: In applying the word 'denial' to respondents' conceptualization of their personal risk of acquiring HIV, I follow Sobo who, while acknowledging that it is an "ill-defined and over-used" term, chose to retain its use rather than add "to the mountain of social-scientific jargon we have to contend with by inventing another label" (1995:6) with which readers will be even more unfamiliar.

IDU: Intravenous Drug User

Jaco perra or bitch: A women living in Jacó, Cost Rica, whether of Costa Rican descent or from another Central American country, who has acquired a reputation for engaging in numerous, short-term sexual liasions with *gringos* visiting the area. The term *jaco perras* includes but is not limited to sex workers. It is rarely applied to a woman native to the Jaco area unless she is considered inappropriately sexually active. A local bar serves a popular mixed drink called the *"jaco perra."*

Jaco perro or dog: A Costa Rican man living in Jacó, who has acquired a reputation for engaging in numerous, short-term sexual liasions with *gringas* visiting the area.

Non-Condom Users (NonCUs): Women who state that, at present, they have difficulty in convincing their male sexual partners to use condoms or they themselves do not wish to use condoms with their partners each and every time sexual intercourse occurs.

Risk Assessment Survey (RAS): Six-part survey instrument administered to research subjects.

Romance Tourism: Relationship based on courtship and romantic involvement, and the absence of a clear and direct exchange of money or goods for sexual companionship between a tourist and a local partner.

Sex: Unless otherwise noted, when the term 'sex' is referred to in relation to sexual intercourse, only penetrative vaginal intercourse is being considered. Other sex practices, such as oral sex and anal sex, were rarely address by study respondents.

Sex Partner: Someone who has participated in a sexual session with the respondent.

Sex Tourism: A direct exchange of money or goods for sexual services and companionship between a tourist and a local partner met while on vacation.

Social Immunization: The concept that socio-economic class has a role in determining the distribution of such sexually communicable diseases as HIV.

Single Female Tourists (SFT): Study participants self-identified as heterosexual, single women. For purposes of this study, 'single' is defined as unaccompanied by a male romantic partner (i.e., boyfriend).

STI (STD): Sexually Transmitted Infection/Disease

Tico/a: Self-referential term for native Costa Ricans.

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BIOGRAPHICAL SKETCH

A. Kathleen Ragsdale received her Ph.D. training in medical anthropology at the University of Florida and will graduate with a Doctor of Philosophy degree in 2002. Her field experiences include an epidemiological study among the Kuna Yala Indians of Panama, Central America, hurricane disaster research in the U.S. Virgin Islands, and a ethnobotanical study of medicinal plants used by immigrants to Miami, Florida.

Her interest in HIV prevention began with fieldwork in Belize, Central America, where she conducted interviews with female sex workers on brothel conditions, client interactions, and HIV-reduction strategies. This project was part of a larger, eight-country project on the links between tourism and sex work in the Caribbean funded, in part, by the Netherlands Ministry of Foreign Affairs, University of Colorado, and the United Nations Development Fund for Women.

She conducted her doctoral research on the socio-cultural aspects of HIV risk-taking among female tourists in Jacó, Costa Rica. This research was funded by a Tinker Research Grant from the Centers for Latin American Studies, University of Florida. She was awarded an NRSA postdoctoral training fellowship in the Department of Psychiatry & Behavioral Medicine, with the Center for AIDS Intervention Research, (CAIR). Medical College of Wisconsin. During her fellowship, she will explore sexual communication and HIV-risk reduction behaviors among urban Latina/Hispanic women and their male partners.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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